PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

07391

CERTIFICATE OF DEATH

Reg. Diat. No.

City or town	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	write RURAL and give nearest town)
3.(a) FULL NAME Tohn C. Acker	man.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CE 20. DATE DE DEATH. August	RTIFICATION 48 930
6.(b) Name of husband or wife	and that t last saw h All alive on Immediate cause of dath	-8 10 day . 9 148
9. Birthpiace	Due to Stypulenson Due to	2 3 lluso.
11. Industry or business 12. Name. J. H. V. ACK ERMAN 13. Birthplace NEW BRUNSWICK N. J.	Other conditions. English within 8 mm	na 3
14. Maiden name JOSEPH INE FELTER 15. Birthplace NEW BRUNSWICK N. J.	(Include pregnancy within 3 mg	oaths of death)
16. Informant MRS. ALTHA ACKERMAN Address HANOVER, MARYLAND	Autopsy results PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external cause	ch death should be charged statistically.
17. BURIA Date thereof AUG. 748 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory LOUDON PARK	Accident, suicide, or homicide	Date of
Location BALTIMORE MARYLAN 18. Funeral director, WILLIAM COOK INC.		
Address 1217 ST. PAUL ST.	23. SIGNATURE Manh S	hyley M. D.
(Date rec'd by registrar)	Address Javage	Date signed 0/1/48

07992

2411 N. Charles St., Baltimore

93 e

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of state. Haryland Could City or town. Annapolis (If outside eity or town limits Streel No. 79 Washingtor (If rurat, give 2.(a) If veteran, name war.	mother) aty Anne Arundel ., write RURAL and give nearest town) 1 St. LOCATION)
Nannie					5. (0) Doctar Decurity Itamber
4. Sei Female	5. Color or race Negro		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION 6 19 48 11 3 3 6
7. Birth date of			ams c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
deceased (mo., day,		Days	If less than one day	Immediate cause of death	DURATION
65	11	29	hrsmin.	Jailine	
1D. Usual occupation. 11. Industry or busines H 12. Name	ovelee Jo hode Isla Alice Jo Baltimon	ones and ones ce, Md		Due to	
16. Informant Mrs. Isaebell Lewis Address 79 Washington St.				Autopsy results	sich death should he charged atatistically.
17. Burial Date thereof 8 29, 1948 (Rurial, cremation, or removal, Which?) Cemetery or crematory Cemetery Location Northwest St. Anna. IId. 18. Funeral director. William Reese 11				22, VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) (State)
18. Funeral director William St. Address 108 Washington St. Oug. 28 19 48 Registrary (Date rec'dly registrar) Registrary			Y Tours	23. SIGNATURE	M. D. or other Date signed

SE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Inceprate age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

AUG 31 1948

BUREAU V. B.

2411 N. Charles St., Baltimore

07995 tst. No. 28

CERTIFICATE OF DEATH

	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)	
County Anne Arundel		
City or town Crownsville (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Allegany	
How long in above place of death? 1 yr. 6 mos.	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dearn?	Street No. 1008 Gay Street	
Crownsville State Hospital	Street No. (If rural, give LOCATION)	
low long to hospital or institution?		
B. (a) FULL NAME	3. (b) Social Security Number	
CHARLOTTE ANDERSON		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Negro Widowed	20. DATE DF DEATH August 25 19 48 15:15 p	
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
. 6.(c) If alive, give age?years	March 14 1947 10 August 25 19 48	
7. Birth date of	and that I last saw h er alive on August 25	
deceased (mo., day, yr.) (unknown) 1867: 8. AGE: Years Months Days It less than one day	Immediate cause of death General Arteriosclerosis DURATION	
0. 702	known to us since 3/14/47	
OU:		
9 Birthniace Unknown	Due to	
9. Birthplace		
ID. Usual occupation Housewife	Que to	
t1. Industry or business	996 (4	
	Other conditions	
	(Include pregnancy within 3 months of desth)	
14. Malden name Lucinda Miles 15. Birthplace Pennsylvania	Major fisdings of operations	
15. Birtholace Pennsylvania	Date of op.	
16. Informant Hospital Records	Autopsy results	
Address / Crownsville, Md.		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide	
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)	
Crownerll Mid	Injured at home, tarm, industry, public place (where?)	
Location AV 44 - 570		
18 Funeral director	Misans of Injury Injured at Work?	
Address / Commercial And	to the manual live	
Address P > 1	23. SIGNATURE COLO TO VOCANTA IN .	
19 13/ 48 2+ Jony docal	crownsville, Maryland 8/25/48	
(Date rec'd by registrar) Registrar	Address Crownsville, Waryland Date signed 8/25/48	

PLEASE WRITE PLAIN

VS A15

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

St., Baltimore 93d

07994

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HC	OME) OF DECEASED:
State Maryland	County
City or town. Paltimo	re town limits, write RURAL and give nearest town)
Street No. 4 W. Chu	rehill St.
†I)	frural, give LOCATION)
2.(a) If veleran, name war	

MEDICAL CERTIFICATION

	_		_		
3. (z) 1	UL	LN	AM	IE

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or Institution?.. ...

(Date rec'd by registrar)

Hospital, Institution, or street address where death occurred: Crownsville State Hospital

HARRY ANDERSON

3. (b) Social Security Number

I. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced
MALE	Negro	Ma	rried
5.(b) Name of husband	or wife U1	nknown	
stion it made in			
7. Birth date of deceased (mo., day,	yr.) 187°		c) If alive, give ageyear
8. AGE: Year	rs Months	Days	It less than one day
9. BirtholaceB		county, and	
10. Usual occupation		- er	
It Industry or busine	hn C Ande	m a 600	
13. Birthplace	hn C. Ande: Baltin	ora, Mo	
14. Maiden name	l'ary	Anderso	n
15. Birthplace	Grina	ge, Md.	
	Hospi	tal Rec	cords
tB. Informani	Crown	sville,	Maryland
17. ba	n, or removal. Which!	1.	eof. S - 9 - 4 8 (month) (day) (year)
Incation Or	owns in	ille	
	Suph 7	1102	dital.
18 Funeral director	owns or	4	f

Anne Arundel

Crownsville
(If outside city or town limits, write RURAL and give nearest town)

7 vrs. 1 mo.

20. DATE OF DEATH	August 5	19 48	4:352
October	th occurred on the date abov	1 de August	5 19.48
and that I last saw h	im alive on Chronic	August 5	DUBATION
Due 10			
Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Arterios	ychosis with clerosis kn ade pregnancy within 3 m	own to us si	nce 7/9/41
Major fiedings of ope	rations.		
Autopsy results PHYSICIAN: Please t	anderline the cause to whi	ich death should be charg	ed statistically.
22. VIOLENCE: If de	ath was due to external caus	ses, fill in the following:	
Accident, eulcide, or h	omicide	Date of	
Where did Injury occur	?(City or town)	(County)	(State)
Injured at home, farm,	Industry, public place (who	ere?)	
Meene of Injury	e of Sha	Injured at york?	m. N.

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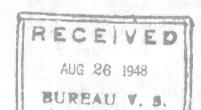
AUG 10 1918 BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

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10	SE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and l
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VS A15

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Anne Aurndel City or town Deale (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Deale, A. Co., Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME PEARL OLEVIA ANDERSON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Sun. August 22 19 48 31 5:10
8. AGE: Years Months Days It less than one day 5. Birthplace Nutwell, Maryland (Town, county, and state) 10. Usual occupation: at home 11. Industry or business EN 12. Name don't know 13. Birthplace Maryland Tydings 14. Maiden name Tydings 15. Birthplace Maryland Tydings 15. Birthplace Maryland Russell H. Anderson	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 46. 10. 21. 22. 19. and that t last saw h 22. alive on 21. 22. 19. Immediate cause of death 21. 22. 23. Due to. 21. 22. 23. 24. 24. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25
18. Informant Russell Ha Anderson Address Doale, Maryland 17. Burial Date thereof Aug. 25.1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Ft. Lincoln Localion Russell Ha Anderson Which? The Lincoln Brown 18. Funeral director Russell Ha Anderson Address Russell Ha Anderson Maryland Date thereof Aug. 25.1948 (month) (day) (year) Committee of Committee Com	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide



HARRING . U.L. S. S. C.

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PLEASE WRITE PLAINLY, WINH CKF.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07995

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)
County and a regular	State County
City or town	
How long in above place of death? 30 years	City or town
Hospital, Institution, or street address where death occurred:	Street No. Adv
Hallers - aregrand.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) li veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
severe Thomas 20	ruls
4. Sex 5. Folor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Colored. Widowed.	20. DATE OF DEATH ALL S. S. 19 4 8 21 / A. P.
6.(b) Name of husband or wife ourse maria Barure	21. I CERTIFY that death occurred on the date abova etated; that I attended deceased from
	19, to
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Months Days If less than one day	Immediate cause of death
o. AGE.	Heneral asteriories
68 / 16hrsmin.	
9. Birlhplace (Town, county, and atate)	Due to the second
(Town, county, and atate)	
10. Usual occupation	Oue to
t1. Industry or business	
12. Name Reasyl land	Other conditions
3. Birtholace Zubrulond.	(Include pregnancy within 3 months of death)
H 14 Majden name	
5	Majar fiadiags af aperatians
E 15. Birtholaen	Data ot op
18. Informant actel accel accepted	Autopsy results
Address terndale, mg.	
17 Date thereof all & 31 /949	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remova). Which?)	Accident, sulcide, or homicide
Cemetery or crematory (Saints Kest)	Where did Injury occur?
Location Harmons: + Md.	Injured at home, farm, industry, public place (where?)
ans Mule wellow	Means of Injury tnjured at work?
18. Funeral director	
Address 3	23. SIGHAJAHULLIOUR AL ARCHER STORY
19. 8731 19 Z. D. Lella	assertant mederal sollies
(Date rol'd by registrar) Registrar	Address Date signed

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2411 N. Charles St., Baltimore

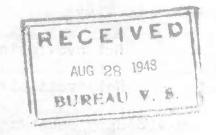
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07998

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
EDURIY TESASS TESAS TESA	Stete Kansas county		
City or town Annapolis. Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above piece of death?	City or town (if outside city or town limits, write RURAL and give nearest town)		
Hospitel, institution, or street address where death occurred:	Street No. Box 172		
How long in hospitei or institution?	(If rural, give LOCATION) World War II		
3. (a) FULL NAME	3. (b) Social Security Number		
BARNETT, George Calvin			
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Male W-US Single	25 August 1948 about 1 43		
	20. DATE OF DEATH. 25 August 1948 19 et 2 - p		
6.(b) Name of husband or wife	21. I CERTIFY thei deeth occurred on the date above stated;		
	forther ten & aumation		
7. Right dele of	Aug. 25 19.48		
deceased (mo., day, yr.) 6-24-24 8 ACF: Yeers Months Days If less then one day	Immediate cause of death		
8. AGE: Yeers Months Days If less then one day 24 2 1min	3rd degree barno		
Great piles	-		
9. Birthpiece Wichita, Kansas (Town, county, and atate)	Due to of lettere vodey		
10. Usuel occupetion US Navy			
10. Usuel occupetion	Due to		
11, Industry or business			
Tale Not available	Dther conditions		
12. Name Not available			
到 14. Maiden neme	(Include pregnancy within 3 months of death)		
14. Maiden neme	Major findings of operations		
	Date of op		
16. Informant US Navy records	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: tf deeth was due to external gauses, fill in the following:		
17 REMOVAL Dete thereof. 3-27-48 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide, accident, Date of 8-25-48		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury accur? Annaholis H. F. Thoryland		
Cemetery or cremetory	(City of town) (County)		
Location LYEADE MANSAS	Injured at home, ferm, industry, public piece (where?)		
	Meens of Injury ar-plane Collision Injured at work? No		
18. Funeral director B. L. Hopping + Son	a Dan Ca no ms Deputy		
Address AMMAPOLIS MARYIAND	- D 23. SIGNATURE TA. K. Coffe M. D. Zielisal		
Que 17 48 7 5 Harris	A CONTROL MAIN OF OTHER		
(Date rec's by registrar) Registrar	Address Huna Dels Pla Date signed 8 26 42		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

830

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel City or town. Marley Park (Glen Burnie, Md) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. Holloway Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME RUTH ADELE BIDDING	3. (b) Social Security Number Non e
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH August 10 1948 at 5:05p
6.(b) Name of husband or wife J. Franklin Biddinger 5.(c) It alive, give age 52 7. Birth date of deceased (mo., day, yr.) November 12, 1911 8. AGE: Years Months Days It less than one day 36 8 28 hrs. m	and that I last saw h.f.k. alive on AVEVST 16 19.48 Immediate cause of death CEREBRAL DURATION
9. Birthplace	Due Io
13. Birthplace Parlington, South Caroline 14. Malden name Marry Johnson 15. Birthplace Darlington, South Caroling	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant J. Franklin Biddinger Address Holloway Road	Antopsy results
Cremation Date thereof Aug. 13, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Greenmount Cemetery Baltimore, Md.	Where did injury occur?
18. Funeral director. Thomas W. Singleton Address Glen Burnie, Md. 19. (Date see'd by registrar) Regist Regist	Means of Injury tnjured at work? 23. SIGNATURE Jerry 7: Zangara M. D. M. D. or other Address. Glen Burnie, Md. Date signed Canada C

WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly FOR BINDING RESERVED MARGIN especially PLAINLY, is especially

PLEASEWRITE

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AUG 13 1948

RUPEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH	~	Reg. Dist. No.	38-
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State Maryland County City or town. Baltimore (If outside city or town limita, write RURAL and give nearest town) Street No. 612 Franklin St. (If rurel, give LOCATION) 2.(a) It veteran, name war. Morld War I			•••••
3. (a) FULL NA	3. (a) FULL NAME JAMES BONNER					3. (b) Social Security	Number
4. Sex	5. Color or race	8.(a)Sing	e, married, widowed, or divorced	MEDICA	L CER	RTIFICATION	
Male	Negro	Wid	owed	20, DATE OF DEATH August 2			. 4:00 p
7. Birth date of deceased (mo., da)	yr.) July l		c) It alive, give ageye:	21. I CERTIFY that death occurred on the discrete September 20 and that I last saw h. i.M. alive on	A11911	august	22 1948
8. AGE: Yes	mrs Months	Days	tf less than one day	known	ı to	us since	9/20/46
t0. Usual occupation 11. Industry or busin 12. Name	David Bonne Virginia Ann Tucke Virginia	er		Oue to	thin 3 mor		
t6. Informant	Crownsvil	le, Md	•	PHYStCtAN: Please underline the cause 22. VtOLENCE: If death was due to extern	to which	h death should be charged	d statistically.
17. Burial Date thereot August 27. 1948 (Burial cremation, or removal Which?) Cemetery or crematory Mt. Auburn Cemetary					(County)	(State)	
18 Funeral director Address 3 2 2	Baltimor Mrs. Kat A. Sep	ie Wil		Injured at home, tarm, Industry, gubic pla Means of Injury 23. SIGNATURE Crown Syille	ace (where	tnjured at works -	or other 8/22/48

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WITH UNFADING INK. Supply every item of information carefully. I important. Physicians: please write the causes of death clearly and leg

WRITE PLAINLY

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

WRITE

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2411 N. Charles St., Baltimore

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08001

CERTIFICATE OF DEATH

Reg. Dist. No.....

1						
1. PLACE OF DEATH: County Anne Arundel Co.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town Sherwood Forest (tf outside city or town limits, write RURAL and give nearest town)			11			
				City or town Balto. (If outside city or town limits	, write RURAL and give n	careat town)
Hospital, institution, or				Street No. 104 St. John's		
			***	(If rural, give	LOCATION)	
How long in hospital o	r Institution?		***************************************	2.(a) If veteran, name war	***************************************	/·
3. (a) FULL NAM	E				3. (b) Social Security	Number
		DOUGLAS	PAINTER BOWYER		none	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M	w		SINGLE			0.20 4
				20. DATE OF DEATH Aug. 12.		
6.(b) Name of husband	or wifeNon	9		21. I CERTIFY that death occurred on the date about		
***************************************		6.(c) If alive, give ageyears	CULA 19.6		
7. Birth date of deceased (mo., day,	yr.) Septem	ber 14.	1939	and that I last saw have alive on	wy	19.4
8. AGE: Years		Days	It less than one day			
. 8	10	28	hrsmin.	Brain 7	uuns	1.90
р.	altimona	Md		Oue to. Quality		**** **********************
9. Birthplace	(Town	, county, and	state)	uue ro		******************
10. Usual occupation	None			Due fo.		***
11. Industry or busines	ss			Due to.		***
# 12 Name Dr	. Thomas S	Bowy	er	Other conditions		
f2. NameD.r.	Va.	•/				
	Funestin	oo Sohm	idt	(Include pregnancy within 3 m	nonths of death)	124.0.
14. Maiden name.	HITTES CIT	199.011111	A.W	Major findings of operations.	us line	Maring Lawy
14. Maiden name. 15. Birthplace 16. Informanf	balto.	Md.			Oate of op	
16. InformanfMX	. Carl Sch	nmidt		Autopsy results		1
Address Ca.	rey & Laur	rens St.	s.	PHYSICIAN: Please underline the cause to wh		statistically.
a Buri	al	Date ther	8/14/48	22. VIOLENCE: If death was due to external caus		
17Buri (Burial, cremation	n, or removal. Which	?)	eof	Accident, suicide, or homicide	7 A.W.	
Cemetery ox states Loudon Park			Park	Where did Injury occur?(City or town)	(County)	(State)
LocationBa	ltimore, A	ld.		Injured af home, farm, tndustry, public place (wh	ere?)	
			& SONS INC.	Meana of Injury	Injured af work?	
					0 /2	-1
Address Nort	h & Pa. Ar	res. Ba	To. II. Md.	13. SIGNATURE MULANDS	4 Dobles	45
19. 8/	3 19 XC	- 1	yw Hedu	Latura anx	м. D.	00/14/12
[Date rec'd by re	egistrar) (Registrar	Iddrace NATA MILE	Date signed	DILLO

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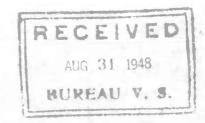
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08002

CERTIFICAT	TE OF DEATH Reg. Dist. No. 21
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Profit) whom infame give reddence of mother) State
3. (a) FULL NAME George Rekyley	Boyd. 3. (b) Social Security Number
4. Sex Male S. Color or race S. (a) Single, merried, widowed, br divorced angle	MEDICAL CERTIFICATION 20. DATE DE DEATH. MEDICAL CERTIFICATION 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH.
8.(b) Neme of husbend or wife 7. Birth date of decessed (mo., dey, yr.) 8. AGE: Yeers Months Days It less then one dey 3 20 hrs. min. 9. Birthplace	21. I CERTIS That desph occurred on the detension is should be a strong of the strong of the strong occurred on the despherence of the strong occurred on the strong occurred occurred on the strong occurred occurred on the strong occurred on the strong occurred on the strong occurred on the strong occurred occurred on the strong occurred occurred occurred on the strong occurred
18. Informant Mr. George Boyd Address Barstow, Calvert Co., Maryland 17. Burial September 1 28 (Burial, cremator, Gremous, Which?) Cemetery or gremator, Calvert Co. Maryland 18. Funerel director. A.A. Harkness and Son Address Mutual, Calvert Co. Maryland 19. Que 29 18 (Date rec'd by registrar) Registrar	Autopsy results



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UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

City or town	Arundel arundel arundel outside city or town i e of death? L r street address where	ife death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Couoty Anne Arundel City or town. Harundale (If outside city or town limits, write RURAL and give nearest town) Street No. 2002 Norman Road (If rural, give LOCATION) 2.(a) if veteran, name war
3. (a) FULL NAM				3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	CLINTON BOYD e, married, widowed, or divorced IN GLE	MEDICAL CERTIFICATION
6.(b) Name of husband	or wife		:) If alive, give ageyears	2D, DATE DF DEATH
8. AGE: Year		Days 10.	tf tess than one dayhrsmin.	Immediate cause of death was a ferrale
1D. Usual occupation 11. thdustry or busine XXIII 12. Name	aymond A. Pocohant Eda He Idaho	Boyd cus, D	oodruff	Due to Due to Dither conditions (Include pregnancy within 3 months of death) Major fiudings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charsed statistically.
Buria (Burial, cremation Cemetery or crema Location Ann 18. Funerat director.	n, or removal. Which's tory	Date ther Naval Maryla Sing	August 10, 1 (month) (day) (year) Academy and (leton	Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Diet No. 28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town (If outside city or town inhits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Extracted Henry D	radford.
4. Sex 5. Color er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
arrace cochia of fundam	20. DATE OF DEATH. 1948 21 21
6, (b) Name of husband or wife Canlly Dadfal.	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	May 19 48, 10 / 1 19 18
7. Birth date of	and that I last saw h .4.000, alive on
deceased (mo., day, yr.)	Immediate eause of death
8. AGE: Years Months Days If less than one day	Generalized Careinomatoria 6/10
74 0, 12/hrsmin.	By interence but not proven, primary
9. Sirthplace (Town, county, shdytate)	Due to Site was thought to be in kilkey
S ALW	1124/43 35.
tD, Usual occupation.	Due to.
11. Industry of business	
12. Name Pradonice 12. Name	Other conditions
18. Birthafete 1 MCL	(Include pregnancy within 3 months of death)
14. Maiden name Oliver And Andrew And	A 11
end /	Major findings of operations.
Ž 15. Birthalace	Date of op.
16. Informant	Autopsy results
Address / allstrul off	
17 By Will Bate Hereot Sept 2 1949	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Trush Island	Where did Injury occur?
Haring Krisis Ind	Injured at home, tarm, Industry, pub ¹¹ c place (where?)
Location	Meens of tnjury Injured at work?
t8. Funeral director	
Address Comapolis Mo.	23. SIGNATURE Canad 9 Menit M.D.
1. Que 30.48 E. F. Loyce Loca	M. D. or other
	(a) 200 h2-11/4 17/d 24 x = 19-70

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Keg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frank Bradley 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted. Male W married	3. (b) Social Security Number 216-05-3283-19 MEDICAL CERTIFICATION 20. DATE OF DEATH. 23-19-45 at 21-20-19
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11
8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace (Town, county, and state)	Duration
11. tridustry or business 12. Name	Bue to Juganiansum Other conditions
13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Maiden name 17. Maiden name 18. Maiden name 19. Maide	(Include pregnancy within 3 months of death) Major findings of operations.
Address Box 231 Pt. Pleaserst	Autopsy results
(Burlaf, cremation, or removal. Which) Cemetery or crematory. Location Date thereof (month) (day) (year) (worth) (continue)	Where did injury occur?
18. Funeral director B, B, Harle Address D, Oo D, Paca Sh 19. 8/25 18 X8 Aw Hedrel (Dute rect by registrar) (Dute rect by registrar)	23. SIGNATURE The Element M. D. Bate Signad \$ 12.3/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

1 CERTIFIC	ATE OF DEATH Reg. Dist. No.
County City or town (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Paul Branso	3. (b) Social Security Number 579-24-4983
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Rengle	MEDICAL CERTIFICATION Aug. 29 10 48 31 9 - 0 M
8.(b) Name of husband or wite. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years months Days It less than one day 22 8 6 hrs. 9. Birthplace	Immediate cause at death DURATION
18. Intermant. Tred. Branshir ton, D.C.	Autopsy resolts
(Hurial, cremation, or removal. Which?) Cemetery or crematory Location	22. VIOLENCE: If death was dus to external cayses, fill in the tollowing: Accident, suicide, or homicide. Whers did injury occur? (City or town) (County) (State)
18. Funeral director. W. W. Chamber + C. Address Washington, C.	Maans of Injury auto. Collision injured st work? 20. 23. SIGNAT STORM M. Claffy M. D. Medical M. M
(Date rec'd by registrar)	Address Annepolis Ma Date signed 8.29-48

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MARYLAND STATE DEPARTMENT OF HEALTH

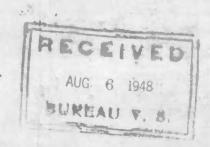
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23. SIGNATURE

II N. Charles	St., baltimore
IFICAT	E OF DEATH
Rwa)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty City or town (If outside city or town limits, write RERAL and give nearest town) Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war.
. Bre	3. (b) Social Security Number 157-10-7368
ivorced	MEDICAL CERTIFICATION
	20. DATE OF DEATH Aug. 2 1948 21 No
years	21. I CERTIFY that death occurred on the date above stated; that I attended goessaad from
	Immediate cause of death
min.	Due 10. Stowning
	Due to
104	Other conditions
2	(Include pregnancy within 8 months of death)
0_	Major findings of operations
ey L. MI	Autopsy results
70, 10 1 945 y) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	Means of Injury Orosoning Injured at work? No Deputy

How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex .6.(c) If alive, give, age 7. Birth date of JUNE 30 deceased (mo., day, yr.) 8. AGE: Tears If less than one day 9. Birthplace. (Town, county, and state) 1D. Usual occupation road 11. Industry or business FATHER 13. Birthplacs (Date c'd by registrar) Registrar Address.



(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	
County City or lown (16 outside/sity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3. (a) FULL NAME Esther Burns Bro	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Themale White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 249 1275
6.(b) Name of husband Are 11. Shows 1. Shows 1. Shirth date of deceased (mo., day, yr.) 2c 4k 895 8. AGE: Years Months Days It less than one day 8 hrs. m 9. Birthplace (Town, county, and atase) 10. Usual occupation 2	Immediate cause of death Duration Due to Due to Differ conditions
14. Maiden name Edith M. Buras 15. Birthplace Pa.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 4 4. Edge vale Rd.— Brookly a Pars (Burial, cremation, or removal which?) Cemetery or crematory Location Location Location	Antopsy results
18. Funeral director Address /2/7 St. Paul st. 19. (Date rec'd by registrar) Registrar	23. SIGNATURE David Bachara of M. D. or other M. O. or other M. D. or other M. D. or other M. D. or other M. O. or other M. O. or other M. O. or other M. O. or other M. D. or other M. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 28

County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State Maryland County City or town Baltimore (if outside city or town limits, write RURAL and give nearest town)							
						Hospital, Institution	, or etreet address who	re death occurre		Street No. 569 Oxford St. (If rural, give LOCATION)	
							lle State	10Spluau			
How long in hospit	al or Institution?	3 mos.	***************************************	2.(a) If veteran, name war	······································						
3. (a) FULL NA		CIS BROW	W	3	. (b) Social Security Number						
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERT	TIFICATION						
Male	Negro	Mari	ried								
				20. DATE OF DEATH August 11							
6.(b) Name of husb	and or wife	nknown	***************************************	21. I CERTIFY that death occurred on the date above sta							
			c) If alive, give ageyeare		8 10 August 11 1948						
7. Birth date of deceased (mo., d	lay, yr.) 1913			and that I last saw h im alive on August 11 19							
	lears Months	Days	If less than one day	Immediate cause of death Characteriste Con-	OURATION						
	35		hrs min.								
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation. Laborer				Due to							
		***************************************		Oue to							
11. Industry or bus ∝		- 2400		Cahi sanhuania G	ot ot one o						
E	1 mil			Other conditions Schizophrenia Co	E CALONIC						
The second second				Type - known to us s: (Include pregnancy within 3 month)	ince 5/19/48						
14. Maiden name Julia Brown unknown				Major findings of operations							
15. Birthplace	un	known		Major hadings of operations.							
		nl Pean	nd a								
16 Informant Hospital Records				PHYSICIAN: Ptease underline the cause to which of	leath should be charged statistically.						
Addrese	Crowns	ville, 1	Vd.	22. V10LENCE: If death was due to external causes,							
17 J	Buried	Date ther	eof (month) (day) (year)	Accident, eulcide, or homicide							
17. Buried Dale thereof (month) (day) (year)			(month) (day)'(year)								
Cemetery or crematory Crownsville				Where did injury occur?(City or town)	(County) (State)						
Location Crownwille, Md.			Md.	tnjured at home, farm, industry, public place (where?)							
18 Funeral director Jacob Morgenstern, M. D.				Meene of tnjury	tnjured at work?						
Address	Crownsvil			23. SIGNATURE ACAD MAN	operates th.						
19. Oug 6 1948 E.7. Joyce Cocal (Date redul by registrar)					M. D. or other 8/11/48						

The words "chronic pro" should have been crased from the certificate. On warzenstern 9/27/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICAT	TE OF DEATH	Reg. Dist. No.
City or town(12 How long in above place Hospital, Institution, C Crownsy.	Anne Are Crownsv. outside city or town the of death? 4 or street address where ille State or institution? 4	ille limits, write F years 7 death occurred Hospit	mo. 6 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State	
	CHE	ETHAM -	ROBERT		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIF	FICATION
Male	Negro		Separated	20. DATE OF DEATH August 6,	, 48 , 10:05 F
6,(b) Name of husband or wife Unknown 6,(c) 11 alive, give age years 7. Birth date of deceased (mo., day, yr.)				21. I CERTIFY that death occurred on the date above stated January 1, 19.40 and that I last saw h.imalive onAugust	10 August 6, 1948 6, 19 48
8. AGE: Yea		Days	It less than one day	Immediate cause of death Cerebral Hemorrhage	
53 ?					
9. Birthplace				Oue to General Arteriosclero known to us since	
图 12. Name	Sandy Chee	tham		Other conditions Paranoid Condition	n
13. Birthplace Virginia				known to us since	1/1/40
14. Malden name Unknown 15. Birthplace Virginia				(Include pregnancy within 3 months of	
					Date of op
16. Informant Hospital Records				Autopsy results PHYSICIAN: Please underline the cause to which deat	h should be charged statistically.
Address Crownsville, Maryland			rland	22. VIOLENCE: It death was due to external causes, till le	
Buried Bate thereol 8/19/48 (Burial, cremation, or removal. Which?) Cemetery or crematory Crownsville State Hospital			(month) (day) (year) tate Hospital	Accident, suicide, or homicide	Date ol
Location Crownsville, Md.				Injured at home, farm, Industry, aubitc place (where?)	
18 Funeral director Jacob Morgenstern, M. D.				Meens of mocy	Injured at work?
Address		sville,	Md. P_	23. SIGNATURE acob Mary C	M. D. or other
19. Dayn rec'd by 1	registrar)	C.	+ youce Local	Address Grownsville, Maryland	Date signed 8/7/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County Anne Arundel City or town Severn Md. (Rural) (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? 5 years Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME ETHEL ANNIE CHEST 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Anne Arundel City or town. Severn, Md. Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Harvey Road (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH AUGUST 26 19 48 21 8. 10P
6.(b) Name of husband or wife Chandler B. Chester 6.(c) If alive, give age 64 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 57 8 18 hrs. min. 9. Birthplace Rochester N. Y. (Town, county, and attate) 10. Hereal acceptation Domestic	21/1 CEPTIFY that death occurred on the date above stated; that pended deceased from 19.7 10. 26 19.7 and that I esticide how a live in the state of death. DURATION DURATION
10. Usual occupation. 11. Industry or business Own Home 12. Name Hugh Summers 13. Birthplace Canada 14. Maiden name Etta Phillips 15. Birthplace UCanada	Due to
Chandler B. Chester Address Severn, Md. Date thereof. Aug. 30, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory. Glen Haven Cemetery Location. Glen Burnie, Md. 18. Funeral director. Thomas W. Singleton. Address Glen Burnie, Md. 19. 30, 1946. (Date rec (1 by registrar)). Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or lown (If outside city or town limits, write RURAL and give nearest town) Street No. 2504 McCulloh St. (If rural, give LOCATION) 2.(a) If veleran, name war.		
JESSIE COLLICK	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH August 11 19 48 , at 12:30 Pa		
6.(b) Namo of husband or wife Allen Collick 6.(c) If alive givo age years 7. Birth dato of deceased (mo., day, yr.) October 15, 1892	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 19.48 August 11 19.48 and that I last saw h er alive on August 11 19.48 Immediate cause of death General Paresis DURATION		
8. AGE: Years Months Days If less than one day	known to us since 4/16/48		
9. Birthplace. Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Unknown 11. Industry or business 12. Name. William H. Scott 13. Birthplace Maryland	Due fo		
14. Malden name. Mary F: Pierce 15. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death) Major findings of aperations		
Address Crownsville, Maryland 11 Burial Burial Bate thereof 8/14/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Maryland (month) (day) (year) Location Revenue Company (Maryland Company) (Maryland Compa	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
Address 322 V. Schweger St. 19. (Date ref'd by registrar) 18 Funeral director Mrs. Nature Registrar 19. (Date ref'd by registrar)	Means of injury — Injured at work? 13. SIGNATURE Crown wille, 4d. Dato signed 8/1/48		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Qrundl	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)
City or town McPherson Status P.O. Brookly	State maryland, countrince reages.
How long in above place of dealh?	Cily or town
Darrey Road.	Sireet No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number 216-07-1035
4. Set 15. Color or raco 6.(a) Single, married, widowed, or divorced M. white Transed.	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Namo of busband or wife Catherine Peregay	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth dato of decreased (mo., day, yr.) and 18 - 18 8 3	and that t last enw h alive on 2/ 1/4 18
8. AGE: Yeare Months Days If less than one day	Sent al lemontage 76.
64 11 8min.	
9. Birlhplace Palmer, Illinois (Town, county, and state)	Due to the same of the face of the same of the same of the face of the same of the face of the same of
10. Usual occupation le maperater	But to by any to lead due
11. Industry or business	to white trickle original
E 12. Name A Sauces 101.	Other conditions
13. Sirthplace 2007 14. Malden name MIAMi I) ANIBIS 15. Birthplace III/10015	(Include pregnancy within 3 months of death) Major findings of aperations.
15. Birthplace Illinois	major nadiags of aperaudas
18. Informantins Cashesine Canle (wife)	Autopsy results
Address wellerson slation a le lauty	22. VIOLENCE: If death was due to external causee, fill in the following:
17. Date thereof (month) (day) (year)	· and a standard and to 14/4/
Cemetery or crematory Sha Hawsa	Whore did injury occur? (City or fown) (County) (State)
Location Glan Busqu'a lind.	Injured at home, tarm, industry, pub'ic place (wherer)
18. Funeral director January L. les Courely	Meane of Injury Guto while the injured at work?
Address 136/8 Foat Aus.	22 SIGNATURALISTANIA TO Parker AUS.
19. august 14 18 48 a. w. Hedicik (Date regul by registrar) Registrar	Addross Islew Burner, and Dato signed & 10/4r.

Cause of death

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

City or town(If outside city or to	own limits, write RURAL and give no	earest town)
Street No(If r	urul, give LOCATION)	00444404444
2.(a) if veleran, name war		
	3. (b) Social Security	Number
MEDIC	CAL CERTIFICATION	
20, DATE OF DEATH	aug. 12 1948	al 435 A
	he date above stated; that I aftended dec	
aug. 9	1948 10 au	8.12 1948
and that I last saw h. A concealive on	aug. 11	10.48
Immediate cause of death		DURATION
Milery	tuberculoxí	5-day
Oue to		
Pulmone	ez tuberenlera	. ?
Due fo	***************************************	
***************************************	***************************************	***
Other conditions		**
(Include pregnancy	within 3 months of death)	
Major findings of operations	•••••	******************************
***************************************	Date of op	
Autopsy results		
	ause to which death should be charge	i statistically.
22. VIOLENCE: If death was due to e		
	Date of	
Where did injury occur?(City	or town) (County)	(State)
Injured at home, farm, Industry, public	: place (where?)	*************************
	injured at work?	

1. PLACE OF DEATH: town Amits, write RURAL and give nearest town) How long in above place of death? 2 /2 has Hospital, institution, or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex ... B.(c) If alive, give age 7. Birth dafe of an. 30, 1911 deceased (mo., day, yr.) Months If less than one day 8. AGE: 13hrs. 9. Birthplace 10. Usual occupation... 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name Address Date thereof. (month) (day) (year) Cemetery or crematory...

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	08014
	PARTMENT OF HEALTH
	a St., Baltimore 170 C
CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Arundel u. 2.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infant) give residing of mother)
City or tow Purel rear Tours Bridge #301	State County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 628 400000
How long In hospital or Institution?	2.(a) It veteran name war World Wor II
O CONTRACTOR OF THE PARTY OF TH	3. (b) Social Security Number
3. (a) FOLL NAME Howerin Creight	704
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DEATH.
	21. I CEPTIFY that death occurred on the date agore stated; that I attended deceased from
6,(6) Name of husband or wife	Postmorton Syanmatron To
7. Birth date of deceased (mo., day, yr.) July 12 1911	577.3
8. AGE: Years Months. Days If less than one day	Immediate cause of death
37 0 22hrsmin.	Transie greet
9. Birthplace	Due to Tracture of Thulf at law
10. Usual occupation 12. S. A.	muched there
11. Industry or business	Due to
	Diher conditions Comp. parture left
12. Name	(Include pregnancy within 8 months of death)
14. Maiden name. Levla Griggin 15. Birthplace Canbridge Hd.	Major fiudiags of operations.
2 15. Birthplace Cambridge, Tha.	Date of op.
16. Informant	Autopsy results
Addres 703 E. OSiddle St Balto- Ma.	122. VIOLENCE: If death was due to external causes, fill lo the following:
(Bu dal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homioide. Heeselest Date of 0-5-48
Cemetery or crematory	Where did Injury occur (City or town) (Cornty) (State)
Joseph Washington & C.	Injured at home, farm, industry, public place (where)
18. Funeral director Wastber Francial Home	Means of Injury Runs - truck College Injured at work!
Address 301 P. Capital St. Washington D.	for an Choth Montided
One 4 48 mon many	23. SIGNATURE M. D. SCAMME
19. (Date rec'd by registrar) Registrar	Address Address Date signed 8.3-48

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AUG 6 1948

BUREAU V. S.

2411 N. Charles St., Baltlmore

CERTIFICATE OF DEATH

08015

	Ies St., Baltimore TE OF DEATH Reg. Diat. No. 26
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Thomas Frances Wall Darne	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION (a) Queg 19 48-, st 7 3
B.(b) Name of husband or wife. Assa M. Darnale Oct. 21, 1883	21. I CERTIFY that death opcurred on the date above stated; that I attended deceased from 19.45, to 6.44, 19.45 and that I tast saw N. 2000 alive on 6.40, 19.45
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATI
9. Birthplace (Town county, and state) 1D. Usual occupation Competition 11. Industry or business	Due to Hyperless seen Under Due to belge clooke Onder Ling
12. Name Clay ton Treolas Darwell 13. Birthplaco Mary Cross	Diher conditions
14. Malden name, Cross 15. Birthplace Maryland 18. Informant Ruce M. Olsons - doughter	Major findings of operations
Address 1721 Ant Davis St. SE. 17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, aulcide, or homicide
Location Cemetery of Cash 10 6	Where did injury occur? (City or town) (Connty) (State) Injured at home, tarm, industry, public place (where?)
18. Funerat directors. J. A. J.	Means of Injury Injured at work? 23. SIGNATURE Robert Boaser M. D. Wester Address Upper Marlbart M. D. Date signed D. Charg.

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BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DE	PARTMENT OF HEALTH 18 St., Baltimore 18 Oct.
CERTIFICAT	TE OF DEATH Reg. Dist. No. 25
City or town. (If outside city or town limits, write RURAL and gi = neargy town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war.
3.(a) FULL NAME Stanislawa R) ronskieweg 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, fillowed or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Quigust 7 19 48 21 7 P
6.(6) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation Advanced to the state of t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
12. Name Felix Ordakowski 13. Birthplace Poland 14. Maiden name Foland 15. Birthplace Poland 16. Informant Lucia Steger	Dither conditions
Address O 6 Church St. 17. Bural Date thereof Oug 1 - 48 (Buriai, cremation, or removal, Which?) Cemetery or crematory. Location. A.A. C. Million St. Church St. (myth) (day) (year) Consider Church St. (myth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director (NM) Softal Rouse Address 2007 Eastern. ave 19. Eagut 9 19 45 A. W. Hestuc (Date rec'dly registrar) M. Registror	23. SIGNATURE Many & furning 74.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For phorn infants give residence of mother) State
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME and Oscar Frea	terick 3. (b) Social Security Number 215-10-931.
male 5. Color or sace, (a) Single, married, widowed, or divorced widower	MEDICAL CERTIFICATION 15 20. DATE OF DEATH. 19 48 11 8 17
6.(b) Name of household wife Lote MINNIE (KAES) 6.(c) If alive, give age year deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than oon day 7. Shirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than oon day 7. Shirth date of deceased (mo., day, yr.) 8. AGE: Months Days It less than oon day 7. Shirth date of deceased (mo., day, yr.)	Immediate cause of death. DURATION
9. Birthplace (Town, county and atate) 10. Usual occupation (Town, county and atate) 11. Industry or business 12. Name GUSTAV TREPEALCY 13. Birthplace GERMANY	Due to Coronary aclusion Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace 668MANY 18. Informant MISS LILLIAN ERCOGNIST	Major fiedings of operations. Date of op.
Address 2232 W, LEXING TON ST BURIAL TOTAL Date thereof AVG. 18 1948	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:

(County)

Injured at home. farm, Industry, public place (where?)

(City or town)

Maans of Injury

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICA	TE OF DEATH	Reg. Dist. No	47
1. PLACE OF DEATH: Anne Arundel County			1	2. USUAL RESIDENCE (HOME) OF (For newborn infanta give residence of state Maryland Could City or town Salisbury (If outside city or town limits Street No. (If rural, give 2.(a) If veteran, name war.	etyWicomico	earest town)
4. Sex	5. Color or race		e, married, widowed, or divorced		ERTIFICATION	A STORY
Male	Negro	Mar	ried	20. DATE OF DEATH. August 28	19. 48	11:15
7. Birth date of deceased (mo., day.	,yr.) 1898	6. (0	c) If alive, give ageyear	August 14	18 10 August	28 19.48 19.48
8. AGE: Year 50		Oays	If less than one day	known to us since		8/14/48
13. Birthplace 14. Maiden name 15. Birthplace	Laborer Laborer Samuel Cal Quantico Theresa I	Md. Evans	ryland	Oue to Other conditions (Include pregnancy within 8 r Major findings of operations.		
Address Crownsville, Md. 17 Burial Date thereof (month) (day) (year) Cemetery or crematory Commission County, Md.				Antopsy results		
			of 9/1/48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
Address 19. (Date ree'd by r	48	urch St	t., Salisbury, Md.	23 SIGNATURE		M. D. or other 8/28/48



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat.	No.	.9			0	

How long in above place of death? 19 days					
City or fown. Crownsville City or fown. (If cutaide city or town limits, write RURAL and give nearest town) Mow long in above place of dealth? 19 days Crownsville State Hospital How long in above place of dealth? 29 days Crownsville State Hospital Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town) Street Mo. 24.3 North Eden St. (If cutaide city or fown limits, write RURAL and give nearest town	1. PLACE OF DEATH:		(For newborn infants give residence of mother) State Maryland County		
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Some togogical pabore place of death?	(If outside city or town limits	write RURAL and give nearest town)			
Trowns ville assume sever where sever secures. Crown sylled State Hospital How long in hospital or institution? 3. (a) FULL NAME JACK GRAY 4. Sex 5. Color or race Male Negro Married 6. (b) Name of husband or wife Beatrice Gray 7. Birth date of deceased (mo., dar, yr.) Dec. 14, 1904 8. AGE: Years Months Days If less than one day 4.3 Birthplace North Eden St. (If rural, give LOCATION) 2. (a) It referan. name war. MEDICAL CERTIFICATION August 26 19. 48 20. DATE OF DEATH August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21. I CERTIFY that death occurred on the date above states: that I satended deceased from August 26 19. 48 21	How long in above place of death? 19 da	ys	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution? 19 days 2.(a) It reteran, name war. 3. (a) FULL NAME JACK GRAY 4. Set	nospital, institution, or street address where death	occurred:			
3. (a) FULL NAME JACK GRAY 4. Sex A. Solor or race Negro Auried 6. (a) Single, married, widowed, or divorced Married 6. (b) Name of husband or wife Beatrice Gray 6. (c) It alive, give age years August 7 Birth date of decessed (mo., day, yr.) Dec. 14, 1904 8. AGE: Years 43 Months Days If less than one day hrs. min. 9. Birthplace. North Carolina Tailor 10. Usual occupation. Tailor 11. Industry or business 12. Name John Gray 13. Birthplace Unknown 14. Maiden name Elise Gray 15. Birthplace Unknown Cinclude pregnancy within 3 months of death) Major fieldings of operations. Date of operations.				1	
4. Sex 5. Color or race 6. (d) Singte, married, widowed, or divorced Married 8. (d) Name of husband or wife Beatrice Gray 8. (e) Name of husband or wife Beatrice Gray 9. Birth date of deceased (mo., day, yr.) Dec. 14, 1904 8. AGE: Years Months Days If less than one day 9. Birthplace North Carolina 9. Birthplace Crown, county, and state) 10. Usual occupation Tailor 11. Industry or business 12. Name John Gray 13. Birthplace Unknown 14. Maiden name Elise Gray 15. Birthplace Unknown 16. Informant Hospital Records 16. Informant Hospital Records 17. Birth date of decay 18. AGD MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION August 26 19. 48 a6:16 10. Indicate cause of death on the date above stated: that i attended deceased from August 26 19. 48 a6:16 10. Indicate cause of death on the date above stated: that i attended deceased from August 26 19. 48 a6:16 19. 48 a6:16 10. Indicate cause of death on the date above stated: that i attended deceased from August 26 19. 48 a6:16 19. 48 a6:16 10. Indicate cause of death on the date above stated: that i attended deceased from August 26 19. 48 a6:16 19. 48 a6:16 19. 48 a6:16 10. Usual death occurred on the date above stated: that i attended deceased from August 26 19. 48 a6:16 19. 48 a6:16 10. Usual death occurred on the date above stated: that i attended deceased from August 26 19. 48 a6:16 19. 48 a6:16	How long in hospital or institution?	days	2,(a) It veleran, name war.	Y	
Sex			3. (b) Social Security Number		
Male Negro Married 6.(6) Name of husband or wife Beatrice Gray 7. Birth date of deceased (mo., day.yr.) 8. AGE: Years 43 Months Days If less than one day hrs. min. 9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Tailor 11. Industry or business 12. Name John Gray 13. Birthplace unknown 14. Maiden name Elise Gray 15. Birthplace unknown 16. Intornant Hospital Records August 26 19. 48 at 6:16 20. DATE DF DEATH August 26 19. 48 at 6:16 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 26 is 44 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 26 is 44 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 26 is 44 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 26 is 44 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 26 is 44 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to August 7 is 48 to August 7 is 48 to August 26 is 49 21. 1 CERTIFY that death occurred on the date above stated: that is attended deceased from August 7 is 48 to	JAC	K GRAY			
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6.(b) Name of husband or wife. Beatrice Gray 6.(c) It alive, give age 7. Birth date of deceased (mo., day, yr.) Dec. 14, 1904 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace. North Carolina (Town, county, and state) 10. Usual occupation. Tailor 11. Industry or business 21. Mane. John Gray 12. Name. John Gray 13. Birthplace unknown Clinclude pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major readings. Major readings. Major readings. Date of op. ———————————————————————————————————	Male Negro	Married	20. DATE DF DEATH August 26 19 48 3.6:16	ó p	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Months Last saw h LM alive on August 20 18. August			August 7 1848 August 26	48	
8. AGE: Years Months Days If less than one day known to us since 8/7/48 9. Birlhplace North Carolina (Town, county, and state) 10. Usual occupallon Tailor Due to 11. Industry or business Due to 12. Name John Gray 12. Name John Gray 13. Birthplace unknown Unclude pregnancy within 3 months of death) 14. Maiden name Elise Gray Major findings of operations 15. Birthplace unknown Date of op. 16. Informant Hospital Records Autopsy results Due to Due to Autopsy results Due to Due to Due to Autopsy results Due to Autopsy res	7. Birth date of		and that I last saw h im alive on August 26	48	
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S. Birlhplace North Carolina (Town, county, and state) 10. Usual occupallon Tailor 11. Industry or business 12. Name John Gray 13. Birlhplace Unknown 14. Maiden name Elise Gray (Include pregnancy within 3 months of death) 15. Birlhplace Unknown 16. Intermant Hospital Records Autopsy results Blysscians Black of the state of the	o. AGE.			+8	
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11. Industry or business 12. Name	(zowa, count	y, and beace,			
12. Name	10. Usual occupation		Due to		
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16. Informant Hospital Records Autopsy results	Elise Grav				
16. Interment Hospital Records Autopsy results	E I I III OND		Major findings of operations.		
BUYSICIAN, Divine and alies the same to which death should be charged statistically			Date of op.		
Crown swille Maryland PHISICIAN: Please underline the cause to which death should be charged statistically.	16. Informant HOSPITAL R	ecords			
	Address Crownsvill	e, Maryland			
Burial Bota thereof 944/8	Burial	ata thereof 9/8/48			
	17. Burial Date thereof. 98,448 (month) (day) (year)				
Cemelery or crematory Mt. Calvary Where did Injury occur? (City or town) (County) (State)	Cemetery or crematory Mt. Calv	ary	Where did injury occur? (City or town) (County) (State)		
Location Baltimore, Maryland Injured at home, farm, Industry, public place (where?)	location Baltimore, Maryland				
18 Funeral director Elwoy O. Wilson Msens of Injury				1	
Address 1510 Orleans St., Baltimore, Md.			1 Mannay de Mall	1	
22. SIGNATURE	Address 2000,	nal //	1/27. SIGNATURE CICLO UVUVEUSTUL 11.		
19. Registrar Md. Crownsville, Md. M. D. or other	19. 7/7 19/6	NW Rance		11.0	

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MARYLAND STATE DEPARTMENT OF HEALTH

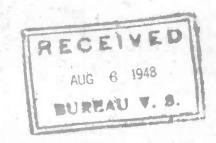
CERTIFICATE OF DEATH

		21
Reg Di	at No	6.1

2411 N. C	CATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Anne Arundel City or town Annapolis. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 3. (a) FULL NAME	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty Anne Arundel City or town (If outside city or town limits, write RUKAL and give nearest town Street No. 204 King George St. (If rural, give LOCATION) 2.(a) If veteran, name war.
MARY GRIFFIN 4. Sex Female 5. Color or race Female White Midowed Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH AND 19. 48. 01. 8
5.(b) Name of husband or wife John Griffin 6.(c) It alive, give age	Immediate cause of death Assessments Di
9. Birthplace Ireland 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name Patrick Grant Ireland 14. Maiden name Catherine Lannan 15. Birthplace Ireland 16. Informant Mrs. Catherine Grunt	Due to Self-Allera
Address 204 King George St. Annapolis, Md Brital Gate thereof 8-4-8 (month) (day) (year cemelery or crematory St. Mary Is Cemetery Location Annapolis, Maryland 18. Funeral director Ben L. Hopping and Son Address 170-172 Nest St. Annabic Maryland	Where did injury occur? (City or topy) (County) (State) Injured at home, tarm, industry, public place (where?) Meens of injury Fall Lown steps injured at work?

RESERVED FOR BINDING

MARGIN



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

correct age

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, V

WRITE

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BINDING

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MARGIN

eg. Dist. No.

•	CERTIFICA	TE OF DEATH	Reg. Dist. No.	d
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME (For newborn infants give residence)	6 8	
City or town		City or town (If outside city or town limits, write RURAL and give nearest town) Street No.		st town)
How long In hospital or Institution?	, ,	(If rural,	give LOCATION)	
3. (a) FULL NAME	e Hammer	9	3. (b) Social Security Nu	ımber
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Ferrow Col.	morrief.	20. DATE OF DEATH.	4 19 4 8, 21	1.1.19
6.(b) Name of husband or wife.	lbian Hamong	21. I CERTIFY that death occurred on the da	1038 10 ang. L	19.
7. Birth date of deceased (mo., day, yr.)	22 11/2	and that I last saw h alive on	ang. Ti	19
8. AGE: Years Months	Days If less than one day	Immediate caose of death	eulo	DURATION
9		The state of the s		I re
	, county, and state)	Due to.	7.5	592
1D. Usual occupation		Due to		10 gr
12. Name	rok.	- Dther conditions		
14. Malden name Jame 15. Birthplace	y Saith	(Include pregnancy with		
W 15. Birthplace m.			Oate of op.	
16. Informant aulber	- Hanned	Aotopsy results		
Address Elkudy	- handing Road	PHYSICIAN: Please ooderline the caose 22. VIOLENCE: If death was due to extern		tistically.
(Burial, cremstion, or removal. Which	Date thereof(month) (day) (year)	Accident, suicide, or homicide		****************
Cemetery or crematory. SX. Re-	A. a.a. E, mo	Where did Injury occur?(City or to		State)
Location	us asdauses	Meens of Injury	Injured 21 work?	
18. Funeral director	w. stice &		0 Base a	mes
19. aug 5 18 4	8 afw Hedre	23. SIGNATURE	M. Doro	other
(Date rec'd be registrar)	Registra	ar Address	Date signed	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47 d

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county Anne Arundel	
County Come Commettee		
(If outside city or town limits, write RURAL and give nearest town)	Annapolis	
How long in above place of death?	(11 oddied try of town jumps, write are and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 14 College Ave.	
Among polis Emily granger the sporter C	(If rurat, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Walter Itaste	214-51-976	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Single	20, DATE OF DEATH 28 CANCES \$ 1948 21 800 A.	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	21.1 Centre i that death occurred on the date above states, that a stemad deceased from	
7. Birth date of deceased (mo., day, yr.) Jan. 10 1900	and that I last saw h alive on 19 4	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
48 7 18hrsmin.	Carcino J. Lings. 6mes	
S. Birthpiace Annapolis, A A Co. (Town, county, and state)	Due to	

10. Usual occupation Railroad	Due to	
11. Industry or business		
≝ 12 Name Horace Haste	Other conditions	
\$ 13. Birthplace Skidmore, Md.		
# 14. Maiden name	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations.	
15. Birthplace ANN A PO LIS MD	Dale of op.	
16. Informant Irs. Hammie Johnson	Antopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
3040	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
17. Burial Dale thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Cemetery	Where did injury occur?	
West St.	Injured at home farm, industry, public place (where?)	
Location		
18. Funeral director William Reese, 11	Means of Injury Injured at work?	
Address 108 Washington St.	Q as II II to a s	
	23 SIGNATURE Source If Ity Kar M. D. or other M. D. or other	
19. Deta mid by registrar) Registrar	sidisce 5 3 Combell (F. Baje signed 1 Sept 48.	

WRITE PLAINLY, WINH NFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

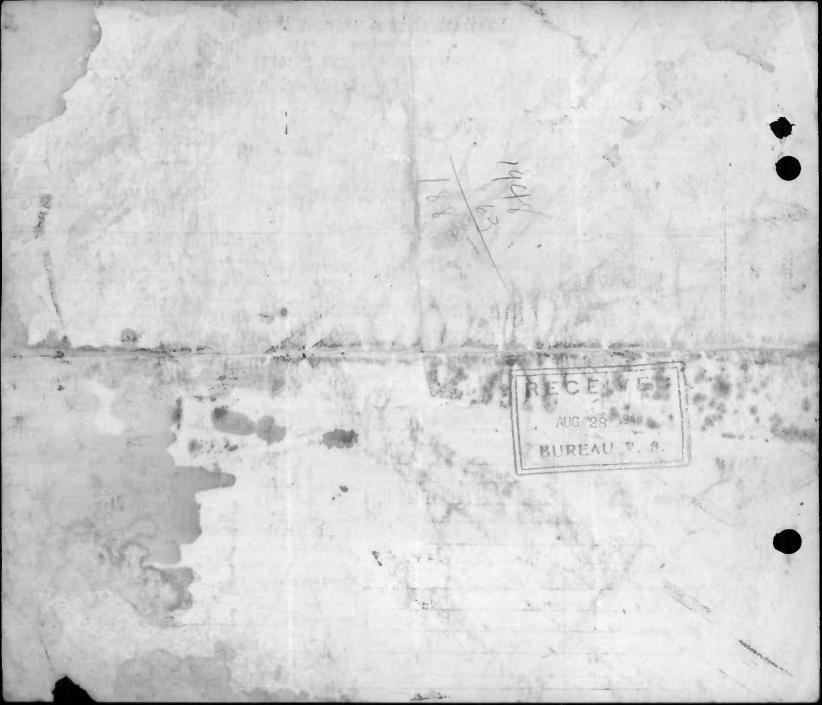
CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	ma.
City or town	Stale County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Martha Haroles	S. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
franch Col perdourd	20. DATE OF DEATH Chaquet 2 5" 15 HT 21 30 P.
	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
(6.(b) Name of husband or wife	her Jel 19.46 10 8-23. 19.48
7. Birth date of 6.(c) If alive, give age years	and that I last saw h last saw h and an
deceased (mo., day, yr.)	Immediale cause of death DURATION
8. AGE: Years Months Days If less than one day	Streets detection of hear
6.3hrsmin.	heart 7 , / So Baney
9. Birthplace Lawel, Mid.	Due in Mehrites with ,
9. Birthplace	action, 2 yrs
10. Usual occupation. A Mal Mal	Brights disever
11. Industry or business	0.00
12. Name.	Other condillons
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maldon name	Major liadiogs of operations
15. Birthplace	Date of op.
7M mia Dallina	Autopsy results.
18. informani	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address A A	22. VIOLENCE: if dealh was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof	Accident, sutcide, or homicide
(Burlai, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory	
Location A Co	Injured al home, farm, Industry, public place (where?)
18. Funeral director M. & That was I have	Means of Injury Injured at work?
h	Marin n.
Address Bowil mil	23. SIGNATURE CATALOR / Connect
816 148 E. 7. Long affer	7 7 1 in 1 M. D. and 7 4/
(Dato rec/d by registrar) (Registrar	Address (Figure 1984) Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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-	Stanford	1.3

CERTIFICATE OF DEATH

			2	
Reg.	Dist.	No.		

•			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County A. A.	(For newborn infants give residence of mother)		
City or town Decen had	Stole		
(If outside city of town limits, write KOKAL and give nearest town)	City or town Scarce		
How long in above place of death?	(If outside city or town limits, write RURAL, and give nearest town)		
Mospilal, Institution, or street address where death occurred:	Street No. Max Odento		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Bernice Hink			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Jeusle White Wilowed	20. DATE OF DEATH aug - 18 19 48 21 10:0f		
Mue & Nine 3	21. I CERTIFY that death occurred on the date above etated: that Lattended deceased from		
6.(b) Name of husband or wife	ang 4 19 48 to ang 18 19 48		
6.(c) If alive, give age	yeare and that i last eaw h A alive on Quy 18 1848		
7. Birth date of deceased (mo., day, yr.) 3 - 6 - 1877-			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
71 6 17hrs.	min.		
n-0			
9. Birthplace (Town, county, and atate)	Due to		
The wife.			
10. Usual occupation.	Due to		
11. industry or business			
12. Name Richard Reed-Notes	me Diher conditions Carlo - Vascalar dis 1 ym.		
X 13. Birthplace Sand.			
	(Include pregnancy within 3 months of death)		
14. Maiden name. Mary Morg. Kowin 15. Birthplace Mid.	Major findings of operations		
E 15. Birthplace Mel.			
June Thomas Athurell.			
16. Informant	HYSICIAN: Please underline the cause to which death should he charged statistically.		
Address receptable Rd. (severn)	nu j		
Bury 18 8 121/4	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide		
Cemelery or creminalory new Cathedial Tab	Where did Injury occur?		
Location 4300 ala prederack to	injured at home, farm, industry, public place (where?)		
Orabido Comon + Sa	Meane of Injury Injured at work?		
18. Funeral director			
Address 9011-031 Hotlans ST.	Cleas L. Ball Tus		
6-19 48 116	23. SIGNATURE M. D. or other		
19	ristrar Address & cutluitum Date signed 1-18-48		
(Date rec'd by registrar) Regi	AUGIESS. A. A.		

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			EPARTMENT OF HEALTH		00020
			rles St., Baltimore	C	A /
		CERTIFICA	TE OF DEATH	Reg. Dist. No	2/
1. PLACE OF DEATH: County AND			Street No. Co Hage H	E) OF DECEASED: ce of mother) County H.N.C. HYWWD NC. Beach limits, write RURAL and give ne	earest town)
3. (a) FULL NAM	or Institution?		2.(G) II veteran, name was	2 /2) 6 : 16 :	M 1
S. (a) PULL HAM	i.	Leona June 1	4000	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		L CERTIFICATION	
Female	White	SINGLE	20. DATE OF DEATH Mugi	cet 15 19 48	11:40 A
7. Birth date of		6.(c) If alive, give ageyear	21. I CERTIFY that death occurred on the da	18 47 , 10 Muque	
8. AGE: Year		Days It less than one day	Immediate cause of death	t Falme	DURATION
9. Birthplace	h/	OYE MA county, and state) ON C	Due to Massacrate	nia, Broncho	Idays
10. Usual occupation.			Due to Munimaliz Cara	23 - Vacaulas Pierre	Lycars
12. Name	James H.	HOOD to, Md	Dither conditions		***************************************
14. Maiden name	Leona	M. MiNNIS	(Include pregnancy with		***********************
2 15. Birthplace	Da,	1 to, Md		Date of op	
16. Informant	is. James	H 1400D	Autopsy results	to which death should be charged	statistically.
72	age Grove b	Seach (tasadanaMd). O	22. VIOLENCE: It death was due to extern		
(Burial, crematio	on, or removal. Which?)	Date thereof 1 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema	Balto. Co	ounty.	(City or to		(State)
1B. Funeral director	DP.	W. Drughton	Means of injury	Injured at work?	
Address -/8	Glew 13	Jurnie Md.	23. SIGNATURE of Bras	ly Smill M. D.	m. J.
(Date rec'd by r	registrar)	Registra	Address Morera Bear	es my. Date signed	8/15/48

FOR BINDING RESERVED MARGIN ly every item of information careful write the causes of death clearly an

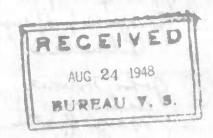
WITH UNFADING INF important. Physicians:

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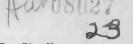


VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



				Reg. Dist. 140
How long in above pla Hospital, institution, 422 W.	A. Co. Shithicum He coutside city or town lice of death?		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland State Country Cou	ights write RURAL and give nearest town) od Ave.
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	Widowed		- 8 1948 213-17 M
6.(b) Name of husban 7. Birlh date of deceased (mo., day	A	M. Huber 6.(c) If alive, give age years 18, 1872	21. I CERTIFY that death occurred on the date about the state of the s	ove stated; that I attended deceased from PP611194
8. AGE: Yea	9	Days If less Ihan one day	Immediate gause of death To and	
	75 11	20 hrs. min.	Julune!	
11. Industry or busin	Operates Self	county, and state)	Due to	Clusaran
	Germ	any	(Include pregnancy within 3 r	
	. Catherin		(Include pregnancy within 3 r	
16. Informant M	rs. John H.	Heid	Autopsy results	
			PHYSICIAN: Please underline the cause to wi	hich death should he charged statistically.
Address Linthicum Heights, Md. 17. Burial (Burial, eremation, or removal. Whiteh?) Cemetery or crematory. Loudon Park Cemetery Location Frederick Rd. Baltimore, Md. 18. Funeral director. Wm. J. Tickner & Sons, Inc. Address North & Pennsylvania Ave.			22. V10LENCE: If death was due to externat cau Accident, suicide, or homicide	Date of
19. S-19 (Date red'd by registrar) 19. Registrar			hom Branie	M. D. or other Date signed 8/8/48

2411 N. Charles St., Battimore

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08020

CERTIFICATE OF DEATH

21

	Keg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State		
3.(a) FULL NAME HYDOCK. Charles Thomas	3. (b) Social Security Number		
HYDOCK, Charles Thomas 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male W-US Single	MEDICAL CERTIFICATION about 45-20. DATE DF DEATH. 25 August 1948 19 21 245		
6.(b) Name of husband or wife Not married 6.(c) If allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that included proceed from 19. The process of the state of th		
deceased (mo., day, yr.) 3-28-23 8. AGE: Years Months Days It less than one day 25 4 27 hrs. min.	Immediate cause of death DURATION		
9. Birthplace Plymouth, Pa. (Town, county, and state) 10. Usual occupation US Navy 11. Industry or business	Due to New orthage Due to Multiple fracture: Skull, Chest + Extrantic		
13. Birthplace	Other conditions		
IIS Now records	Major findings of operations. Date of op.		
Address 17. SEMANAT (Burlal, cremation, or removal, Which?) Cemelery or crematory. Location 18. Funeral director. Address 19. Occasion 27 19 48 (Data resist for registrar) 19. Occasion 27 19 48 Registrar Registrar	Actopsy results. PHYSICIAN: Please uoderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did Injury occur? (Gity or town) Injured at home, tarm, industry, public place (where?) Mesns of Injury Ave. Flace Collision Injured at work? 23. SIGNATURE Address. Date signed.		

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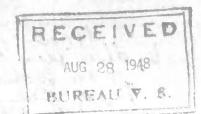
0802.

	E OF DEATH 83 Reg. Dist. No. 21
1. PLACE OF BEATH: County City or town	2. USUAL PESIDENCE (HOME) OF DECEASED: (Bat he whom infant give residence of mother) State
Bertha L. Dunsan	3. (b) Social Security Number
5. Color or race S. (a) Single, married, widowed, or divorced 6. (b) Name of period or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH
17. (Burian, tremation, or removal, Which?) Cemetery or crematory Location 18. Funeral directo.) Address Machington, A. J. Machington 19. (Date rec'd by recistrar) 19. (Date rec'd by recistrar)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRITE

s correct age

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4		ully	nd
1		aref	is especially important. Physicians: please write the causes of death clearly and le
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On	6	11/5	-
VS A15 9-45-15M	1	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	-
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I	MARYLAND	STATE	DEPARTMENT	OF	HEAL'

2411 N. Charles St., Baltimore

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08030

birth date shawn on: UIM NO G 1 1 7 SEP 16 19 PERTIFICATE OF DEATH

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Man 110	. U 1 -	/ OLI]	O ISTALLITIE	Reg. Dist. No		
1. PLACE OF DI	EATH: ne Arunde	1		2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)		
County	rownsville		***************************************	State Maryland County		
City or town(If	outside city or tow	n limits, write l	URAL and give nearest town)	*****		
How long in above place	e of death? 1	year 20	days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)	en)	
Nospitat, Institution, o	or street address whe	re death occurre	l:	IInknown		
Crownsvi	lle State	Hospit	<u>a.l.</u>	Street No. (If rural, give LOCATION)		
How long in hospital	or Institution?	year 2	O days	2.(a) If veteran, name war	/	
3. (a) FULL NAM						
				3. (b) Social Security Number		
BERT	JONES 5. Cojor or race	8 (a)\$inal	e, married, widowed, or divorced			
4. Sex	5. Color of race	1 1 1 1 1		MEDICAL CERTIFICATION		
Male	Negro	Wid	owed	2D. DATE DF DEATH. August 28, 19 48 , 17:	35 P.	
1-1-18	. IIml	77 O.1480		21 I CEDTIEV shot doubt accurred on the date characteristic shot I standed decreased from		
	THE RESERVE OF THE PARTY OF THE			AUPUSL ZO	48	
7 91.44 3-4-44		6.(c) If airre, give age	years im August 28	1.8	
7. Birth date of deceased (mo., day,	yr.) 1687	1867		and that I last saw h	.19	
8. AGE: Year		Days	It less than one day			
81			hrs.		3/48	
		1		mir.		
9. Birthplace	Maryland			Due to		
. 40	Unknow	n, county, and	itate)			
tD. Usual occupation.	Ulikilowi	1		Due to.		
1t todustry or busine	ss					
12 Name	Garry Jone	98				
13. Birthplace	Unknown			uner conditions		
			and the same	(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace	Unknown			Majur findings of operations		
E t5. Birthplace	Unknown			Date of op.		
3.7	ospital R	ecords				
10. 111101111111111				PHYSICIAN: Please underline the cause tu which death abuuld be charged atatistica	lly.	
Address Cro	wnsville,	Marylar	id ,		.,.	
" lour	cal	Date ther	201. 9/7-48 	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation	n, or removal. Whic	h?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or control	ary Has	Belal	, , , , , , , , , , , , , , , , , , , ,	Where did injury occur?		
	rowres &	rille (End	Injured at home, farm, industry, gubic place (where?)		
Location	181	h / - /	1-0-			
t8 Funeral director	suph	Hay	Talal	Means of Injury Injured at work?	1	
Address C	rownsvi	the H	ed,	Jan & Hamasaula M.	V	
at.			20 Local	23. SIGNATURE WELL TO WAR CHIEFE	<i>.</i>	
19	148		troge rock	M. D. or other		
(Date rec'd by re	egistrsr)		Regist	trar Address Date signed		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH: Anne Arundel Country 2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)							
Chown are 110				State Maryland County			
City or town(If	wn. (If outside city or town limits, write RURAL and give nearest town)			Daltimana	Dolling		
How long in above place	of death?	days		City or town Ball Clif outside city or town limits.	write RURAL and give no	earest town)	
Hospital, Institution, or	street address where	death occurred	:	208 Biddle St			
			al	(If rural, give			
How tong in hospital o	r institution?6	days		2.(a) If veteran, name war	***************************************	<u> </u>	
3. (a) FULL NAM					3. (b) Social Security	Number	
		JONES			J. (0) Docial Decemy	210000	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	Negro	M	arried	20. DATE OF DEATH August 30	19.48	at1:00 a	
171	Emmo	Iones		21. I CERTIFY that death occurred on the date about			
				August 24 194			
7. Birth date of			c) It alive, give ageyears	and that I last saw halive on Augu	st 30	19 48	
deceased (mo., day,	yr.) Januar	y 10,	1891	Immediate cause of death Exhausti	on Delirium	DURATION	
8. AGE: Year	s Months	Days	If tess than one day	known to u	s since	8/24/48	
57		11 11		1		· •//	
9. BirthplaceV	irginia			Due to.			
	(10wii,		state)				
10. Usual occupation.	Labor	er		Due to			
11. Industry or busines	is —			Duc 10			
E 12 Name	John Jon	es		Other conditions Aortic Insuff	iciency		
12. Name	Virgi					1	
				known to us since 8/24/48 (Include pregnancy within 3 months of death)			
				Major findings of operations			
15. Birthplace	Maryl						
18. Informant	Hospital	Record	5	Autopsy resolts			
Address	Crownsvil			PHYSICIAN: Please onderline the cause to wh	ch death should be charged	statistically.	
D				22. VtOLENCE: It death was due to external caus	es, fill in the tollowing;		
Burial Burial	, or removal. Which?	Date there	eot 9/3/48 (month) (day) (year)	Accident, suicide, or homicide	Oate of		
				Where did Injury occur?(City or town)			
Cemelery or cremain						(State)	
Location			County, Md.	tnjured at home, tarm, Industry, public place (wh			
18 Funeral director	Adolphus	Halste	ad	Means of Injury	Injured at work?	70	
Address	918 Druid	Hill A	ve., Balto., ld.	23. SIGNATURE Cab Mo	yeustern	IN, As	
10 9/	18 XS	RS	W. Hedrick			or other	
(Date recall by re	oristrar)	/	Registrar	Address Crownsville, Md.		8/30/48	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race () 8.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan - 1906	
8. AGE: Years Months Days If less than one dayhrsmir	· Our orginatory failurs
9. Birthplace (Town, county, and state)	Broncho Przumanie
10. Usual occupation	By our + melnelilin
12. Name Thomas Keny Janes 13. Birthplace Md.	Dther conditions
14. Malden name. Ella Janes 15. Birthplace Mel.	(Include pregnancy within 3 months of death) Major fieldings of operations.
Car alia Marietti	Aotopsy results
Address S Ru Road Runapolis, my	PHYStCIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremotion, or removel, Which?) Date thereof Leay . 25, 1948 (Burial, cremotion, or removel, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Lavedsonvelle ye	Where did injury occur?
Location Davidsonvelle mll.	Injured at home, farm, Industry, public place (where?) Mesns of Injury Injured at work?
Address bungalis me. Pa. Bu 463.	P23. SIGNATURE & Pryton Ritching, M.

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BUREAU V. S.

2411 N. Charles St., Baltimore

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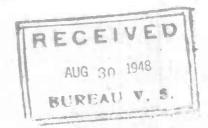
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CERTIFICATE OF DEATH

Reg. Dist. No. 50

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Anne Arundel City or town Woodland Beach, Edgewater (If outside city or town limits, write RURAL and give nearest town) Street No	
3.(a) FULL NAME Jacob Andrew Kerns	3. (b) Social Security Number	
4. Sex male 5. Color or race 6.(a) Single, married, widowed, or divorced Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.	
Elizabeth A. Elkins 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) October 8, 1857 8. AGE: Years Months Days It less than one day 90 10 17 hrs. min. Paris, Faulkier Co. Va. 9. Birthplace (Town, county, and state) Masonry contractor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Auf 19.45 to Aug 19. In mediate cause of death of the control of the cause of death of death of the cause of death of death of the cause of death of d	
11. industry or business Masonry	Due to	
13. Birthplace Va. Watie Jarmon 14. Malden name Va.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
Mrs. H.S.Slocombe Woodland Beach, Edgewater, Md. Burial Burial Bate thereof 8/28/48 (Burial, cremation, or removal, Which?) Campilor or complete Warrenton	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, euclide, or homicide	
Warrenton, Va. Location T.A. Hardesty & Son 18. Funeral director Galesville, Md.	Injured at home farm, industry, public place (where?) Meane of Injury Injured at work?	
19. Oleg 2 7. 19 48 Elwad Collegion Registrar	23 SIGNATURE S- Voors all M.D. or other Address Again apolis MV Date signed 5.7 Lo	



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

		2411 N. Ch	ATE OF DEATH Reg. Dist. No	28	
City or town(If How long in above plac Hospital, institution, o Crownsvi How long in hospital	Anne Arundo Crownsvill outside city or town I e of death? 7 I r street address where Ile. State or Institution?	e mits, write RURAL and give nearest town) MOS. 16 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State		
3. (a) FULL NAM		ER H. LAYTON	3. (b) Social Security Nur	nber	
4. Sex Male	5. Cotor or race Negro	8.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 24 19.48 at	7:15	
	yr.) 190		21.1 CERTIFY that death occurred on the date above stated; fhat I attended deceased January 9 18.48 10. August 24 and that I last saw h im alive on August 24 Immediate cause of death General Paresis known to us since	194	
10. Usual occupation.	Chauffers La	yton	Oue to		
12. Name	Eva Lay unkn	own	(Include pregnancy within 8 months of death) Major findings of operations		
Address 17 Buris	Crowns	Balto.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or gther		
Address 5 1	Chus 2 N. Car 6 19 48	S. Coople rollton ave. a. W. Hedrick			

ect age

UNFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

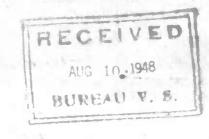
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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Dist. No	2/
1. PLACE OF DATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn intends give residence of mother) State	
How long in above place of death?	Street No. (1f outside city of town limits, write RURAL and give nee	rest town)
How long in hospital or institution?	2.(a) If veteran, name war	<i>V</i>
3.(a) FULL NAME Charles Bown 2	Euganfelter St. 3. (b) Social Security	Number
4. Sex S. Color or Jace 8. (a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH	11 5
8,(b) Name of husband or wife. Fully . Lington fellows. 6.(c) If allve, give age. 6.3 ye.	21. I CERTIFY that death occurred on the data above that the standard dece	oru
7. Birth date of deceased (mo., day, yr.) May 26, 1886	attended the land the con the contraction of the co	19.4%
8. AGE: Years Months Days If less than one day	Immediate cupe of death	DURATION
62 2 /2	in. 10 9 10	
8. Birthplace Martinsbury West Perginia	Due to OFFRANY Ombolism	Ludden
10. Usual occupation Returns 11. industry or business H. S. Treusury weekt	Oue to Coronary Sclerosis	Untuno
12, Name Jacob H. Charles Josef Lingante	Of Other conditions	
12. Name Joe of the Charles Joe of Lingaint	(Include pregnancy within 8 months of death)	
14. Maiden name Aura Amall 15. Birtholaca Narthus burg Kest Viremia		
15. Birthplace Martins burg Hest Virginia	Major findings of aperations. Date of op.	
18. Informan Ams. Ruth M. Lingan felter	Astapsy results	
Address 3928 Livingston St N. W. Wash DC	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
0 0 0	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide	
Cemetery or crematory	Whera did injury occur?	(State)
Location Xaulesda, Mary Gonel	Injured at home farm, Industry, public place (where?)	
18. Funeral director	Missas of Injury Injured at work 10	pury,
Address Bethesday Many Cald	23. SIGNOUS ON M (laffy M) - E	Carrie
19. Quay (Date reg day registrar) 19. 48 The Registrary	Address Aunapoles Md. Bata stand	8-7-48



R	TI	FI	CI	TF	OF	DE	ATH

		2411 N. Cha	irles St., Baltimore		
		CERTIFICA	TE OF DEATH	Reg. Dist. No.	28
1. PLACE OF DEATH: Ann	e Arundel		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
City or town	Wnsville	JRAL and give nearest town)	State Maryland Co	ounty Harford	
How long in above place of death? Hospital, institution, or street address Crownsville Sta	where death occurred: te Hospita	1	Street No. Unknown (If rural, giv	ve LOCATION)	
How tong in hospital or institution?	35 years	4 mos.	2.(a) If veteran, name war.	***************************************	<i>U</i>
3. (a) FULL NAME	ENJAMIN LI	SBY		3. (b) Social Security	y Number
4. Sex 5. Color or ra		, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male Negro	Sing	le	20. DATE OF DEATH August 31	19 48	12:15 p
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date at October 19	bove stated; that lattended dec	31 19 48
7. Birth date of deceased (mo., day, yr.)	nknown 19	At alive, give ageyea	and that I last saw h im alive on Au Immediate cause of death Lung Tub	igust 31	19.48
8. AGE: Years Months 75?	Q.dys	It less than one dayhrsmi	known to us si	nce	4/24/13
9. Birthplace Marylan	d (Town, county, and st	ate)	Due to		
10. Usuat occupation	own		Due 10		
E 14. Maiden name. Unkn		<u> </u>	(Include pregnancy within 3		
9 15. Birthplace Unkn					
16. Informant Hospi			PHYSICIAN: Please underline the cause to v	which death should he charge	d statistically.
Address Crown 17 Burial (Burial, cremation, or removal.)	sville, Md	of 9/2-7, 48 (month) (day) (year)	22. VIOLENCE: It death was due to external ca	auses, filt in the tollowing:	
Cemetery or crematory ## 8	spital	// (month) (day) (year)	Where did Injury occur?(City or town)		(State)
Location Corows	soule &	ha	Injured at home, tarm, Industry publicate (1		10
Address Dronov		de	Carl III	unound	14.11
19. (Date rec'd by wordstreet)	48 E. F	Local Registry	23. SIGNATURE Crownsville, Mary		8/31/48

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THE PURISH REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PURISH PARTY. SEP 10 1948
BUREAU V. S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Dist. No.

i. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)
County Brooklyn Park City or town Of called city or town limits write RURAL and give property to	State Md. County A. A. Co.
(11 become city of bown names, white arounds and give nearest to	wn) Proofel are Powle
How long in above place of death? 60 yrs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8 Second Ave.
8 Second Ave.	(If rural, give LOCATION)
How long in hospital or institution?	
3.(a) FULL NAME Ernestina McDonald	3. (b) Social Security Number
4. See 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 5
female white married	20. DATE DE DEATH AUG. 27/48. 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Byrd W. McDonald	
6.(b) Name of husband or wife	21. CORTIFY that death occurred on the date above stated; that flattended deceased from 19 5
7. Birth dats of	years and that I last saws IV alive on Q 16 1 19 XS
deceased (mo., day, yr.) Nov. 1,1882	
8. AGE: Years Months Days If less than ons day	Immediae cause of death DURATION
65 9 26hrs	min.
Russia	Bue to
9. Birihplace	000 10.
10. Usual occupation None	
11. Industry or business	Bue 10
E Daniel Besanz	111 fasher to 12th
12. Name 13. Birthplace Austria	Differ condition
	(Include present er within 8 months of death)
H 14. Maiden name Ida Neugebauer	Major findings of operations. Corcumum Shot.
15. Birthplace Germany	Bale of a Baul afre
Mrc Marin C Waster	1 Par
702 Winana Way	PHYSICIAN: Please underfine the cause to which death should he charged statistically.
Audicas	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Bale thereof Aug. 30/48	
(Burial, cremation, or removal, Which?) (month) (day) (ye	COL /
Cemetery or crematory	Where did Injusy occur?
Location A. A. Co. Md.	Injured at home, farm, Industry, public place (where?)
11 7/11/1	Msans of Injury Injured at work?
18. Funeral director Tany The Many Co.	
Address 4101 damondson Ave.	- Oly (1: Solowerk
1.12-31 .60 8.21 1.1	23. SIGNATURE M. D. or other
(Date rec'dley registrar)	112575 (11040s St Date stand 8/28/48)

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

y, Diat. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	man la de la lando
City or town	State County County
How long in above place of death?	City or town(If outside out or town limes, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	19 12 mi 00 st.
	Street No
iow long in hospitat or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	
Helen Clinabete	h Mc Telvery 3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
I W. Deninger	Aug. 25 40
T TO TO DOCE AL	20. DATE OF DEATH
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date gove stated; that attended deceased from
	Portmortem Xammation
Birth date of	and that last come also on Aug. 25 19.48
deceased (mo., day, yr.)	Immediate cause of death
AGE: Years Months Days If less than one day	3 , 1
31 3hrs.	
Maria Maria	Cia la Tan Tan
Birthplace (Town, county, and state)	Due to Ossey
Clyma by Tak	
Usual occupation	Due to
tadustry or business	
12. Hame	Dther conditions
12. Hame	
	(Include pregnancy within 3 months of death)
14. Maiden name Action Fraguer 15. Birthplace Detroit Much.	Major findings of operations.
15. Birthplace Newson Much.	Date of op.
Herry Schmidt	Autopsy results
tnformant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9 Marcel Af Company	22. VIOLENCE; If death was due to external causes, fill in the following;
Cremalion Date thereof Usin 28-1	188 Mus. 75 194
(Burial, cremation, or removal, Which) (month) (day) (yes	near a les A H man la de
Cemetery or crematory	Where did injury occur?
I'm En G Md.	tnjured at home, farm, Industry, public plage (where?) Tumpys Tassu
Location	Means of Injury ar - scare Collision Injured at work? Yes
3. Funeral director.	Ola Carta Deputy
Address Almahola 276	John M (Lathe &n & medical
D 20 116 month	23. SIGNATURE AND COMPANY OF THE STATE OF TH
Tug. 11,48 // -/ M	My Aunabolin Monland 6-774
(Date rec'd by registrar)	egistrar Address Bate signed A Bate signed Bate sign

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			28
NO.	Dist.	No.	0 44

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Slate Mayyland County — City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streel No. 705 Greenwillow St. (Ifrural, give LOCATION) 2.(a) If veteran, name war ———————————————————————————————————		
ROBERT LEE MCKENNON			
4 Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Negro Unknown	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5		
7. Birth date of deceased (mo., day, yr.) (35 yrs. old) 1913	Immediate cause of death General Paresis DURATION		
8. AGE: Years Months Days If less than one day	known to us since 6/5/48		
9. 8irthplace	Due to		
Cemetery to completely as Betal Location Provous ville Ma 18 Funeral director Profile That file Address Crowning wille Ma 19. 8 25 49 19. Dade ree'd by registrar) Registrar	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? 23. SIGNATURE Address Grownsville, Maryland Date signed 8/18/48		

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Anne Arundel City or town Harness Creek Nr Annapolis (If outside rity or town limits, write RURAL and rive nearest town) How long in above piace of death:				2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or	street address where	death occurred:		Street No. 27 Glenwood Rd.			
***************************************			=	(If rural, g	V		
3. (a) FULL NAME			THALTIAN		3. (b) Social Security 284-03-729		
4. Sex Male	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL 20. DATE DF DEATH	CERTIFICATION 21 7.25. 1948	245	
7. Birth date ol		6.(c)	Mihaltian Il alive, give age	21. I CERTIFY that death occurred on the date	apore stated: Hot lattender of the	7	
deceased (mo., day, y		26, 191 Days	5 Il less than one day	Immediate cause of death		DURATION	
33	4	31		J. C.	Thage		
10. Usual occupation 11. industry or business	Air craf	t Machi	nic	Due to Ossishes Cres	ne f'Skull		
at the same of the		nown Unknown		(Include pregnancy within			
Address 27 G	lenwood Rd	. Esse	x, Baltimore Co., of. August 27,48	Autopsy results PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide or homicida. Accident Where did injury occur?	which death should be charged causes, fill in the following:	statistically. - 25-48	
Location Car 18. Funeral director Address 170-	Ben L. He	opping St. Ann	and Son	Injured at home tarm, Industry, public place	Cliscon injured at work?	(Stay land (State) Farmy Year purty scauner or other	

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2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 2/

1. PLACE (2. USUAL PESIDENC				
County	M = 7 =				
City or town	(If outs	ide city or town death?	limits, write H	URAL and give nearest town)	City or town Gan
How long in about the Hospital, institu	ove place of t ution, or stri	eet address where	death occurred	!:	Street No. West 5
How long in ho	spital or ins	stitution?	142 Hrs		2.(a) If veteran, name war
3. (a) FULL	NAME				
			CLY	DE WESLEY MORTO	N
4. Sex	5.	. Color or race	6.(a)Singl	e, married, widowed, or divorced	1
Male		White		Married	
			D	11. 24 - 1	2D. DATE DF DEATH
6.(b) Name of	husband or t	wife	Dor	othy Morton	21. I CERTIFY hat death occ
				c) If alive, give age	years 2000 Stock - 100
7. Birth date of deceased (m	t 10., day, yr.)	Feb	19, 191	9	Immediate cause of death
8. AGE:	Years	Months	Days	if less than one day	
	29	5	20	hrs.	min. Fi
9. Birthplace.	Lync	hburg V	B. A., eounty, and	state)	Due to
10. Usual occ	upation	Carpen	ter		Due to
11. Industry or		2022E A M.	antan		
12. Name	Пë	Va	orton		
	n name		Della S	tephens	Major hadiags of operation
16 Informant	Mr.			n	Autopsy resolts
				nchburg. Va.	PHYSICIAN: Please noder
				9	22. VIOLENCE: If death wa
17. Re	moval emation, or	removat. Which	Date ther	eel 8-9-48 (month) (day) (year)	Accident, suicide, or homicia
					Where did injury occur?
					Injured at home farm, indus
					THAT
				g and Son	0_0
Address	170-17	72 West	St. An	napolis, Md.	23. SIGNATURE
0	0. 9	7 48	7	my fruit	UA
19. (Date rec	'd y regist	trar)		Regi	strar Address /YUUU

2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:
State Maryland	county Anne Arundel
City or town. Gaen Burnie (If outside city or town i	imits, write RURAL and give nearest town)
Street No. West 5th St.	
	give LOCATION)
2.(a) If veteran, name war	16(
	3. (b) Social Security Number

	3. (b) Se	3. (b) Social Security Number			
MED 20. DATE OF DEATH	ical certific	ATION 1948.	935		
2D. DATE DF DEATH	n the late above the late of t	Aug	hose 8 18.458		
Immediate cause of death	***************************************		DURATION		
Due to Tractu					
Due to] = = = = = = = = = = = = = = = = = = =		

Other conditions	***************************************				
(Include pregnar	ey within 3 months of dea	th)			
Major findings of operations					
	D	ate of op			
Autopsy resolts		uld be charged sta	tistically.		

. VIOLENCE: If death was due to external causes, fill in the following: 8-7-48 cident, suicide, or homicide. It was did injury occur?

iured at home farm, industry, public place (where?) lucrel's Highway
esns of injury Motocycle Spill injured at work? Ho

Mesns of Injury 11070 EURo Spill Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08042

CERTIFICAT	Reg. Diat. No.			
1. PLACE OF DEATH: County Anne Arundel Crownsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State			
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 129 South Caroline St. (If rurs), give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME EMMA MOULTRIE	3. (b) Social Security Number			
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 11 19 48 14:00 p			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from May 4 19.45 to August 11 19.48 and that I last saw h er alive on August 11 19.48 Immediate cause of death Opganic Brain Disease DURAJION			
8. AGE: Years Months Days If less than one dayhrsmin.	known to us since 5/4/45			
s. Birthplace South Carolina (Town, county, and atate) 10. Usual occupation 11. Industry or business 12. Name Richard Schackelford 13. Birthplace South Carolina	Due to			
14. Maiden name Patsy Dunmore 15. Birthplace South Carolina 16. Informant Hospital Records	(Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Crownsville, Maryland 17. Slevie Date thereof J.3-1949 (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address J. W. Slevie D. Wilson 19. (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide			

2411 N. Charles St., Baltimore

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	- /	C.	1	

08043

CERTIFICATE OF DEATH

Rev. Dist. No. 20

1. PLACE OF DEATH: Armdel	2. USUAL PESIDENCE (HOME) OF (For new Jorn infants give residence of m	DECEASED:
City or town May 6. 1 mill Creek	State Count	, <i>W.W.</i>
(If outside city or town limits, wite RURAL and give nearest town) How long in above place of death?	City or town Cathode city or town limits.	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.	
8	(lf rural, give L	
How tong in hospital or institution?	2.(a) if veteran, name wer	•••••••••••••••••••••••••••••••••••••••
3. (a) FULL NAME audrey Sharp Nay.	lov	3. (b) Social Security Number
4. Sex Jewale 5. Color race Sta) Single, married, whowed, or divorced married	MEDICAL CEI	RTIFICATION 420
B(b) Name of husband of wife Bayamen May Cox	21. I CERTIFY that deeth occurred on the dete show	4
8.(6) Name of husband or wife	Protmorten 60	Lawnakons
7. Birth date of deceased (mo., day, yr.)		Aug. 5 10 47
8. AGE: Years Months Days if less than one day	Immediate cause of death	DURATION
Le I-00 m	min. Ulcialutal	Trume/
9. Birthplace	Due fo	0
10. Usual occupation	Due 10.	
11. Industry or business		
12. Name Stoge Shaff 13. Birthptace Duknow	Other conditions	
13. Birthplace Umknown	(Include pregnancy within 3 mo	
14. Maiden name agnus Matts		
14. Maiden name agrees Hatta	Major findings of aperations	
e Carle Sharles		Date of op
16. Informant R.D. A. Ca.	PHYSICIAN: Please underline the cause ta which	
Address Edgwalls Gha	22. VIOLENCE: If death was due to external cause	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or hamicide,	1 Date of 8-5-48
Cemetery or crematory Enundation Hamiltonia	Where did injury occur?	A.A. ma
In a ship Cha.	(City or (6wn)	Mill Creek
Location	Injured at home farm, industry, public place (when	Injured at work?
18. Funeral director. W. Studienty + 40	miseris di Injury	Deputy
Address Salesville And.	23. SIGNATURE ATTHE M. Cary	Jest M. J. melical
19. Old 8 (Date for d by registrar) 19 4 8 Edugard Collina Regist	erar Adress alluabolis m	M. D. or other Date signed 8-5-4

RECEIVED

AUG 11 1948

BUREAU V. S.

1922

RECEIVED

AUG 19-1948

BUREAU V. S.

Reg. Diat. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 4 10 DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work?

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: or town limits, write RURAL and give nearest town) careful ow long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or Institution? 6.(a) Single, married, widowed, or divorced 4. Sex 6.(b) Name of husband or wife.....6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Months Days (Town, county, and state) 1D. Usual occupation. 13. Birtherace 14. Malden na 15. Birthplace 14. Malden name-

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FOR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

08046

CERTIFICATE OF DEATH

Pin No 21

County City or town (If outside city or town limits, write RURAL and give nearest town) Hiw long in above place of death? Hispital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME Robert Les howing	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced S	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 19		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Cardroscycepology Liture		
9. Birthplace	Due to		
11. Industry or business 12. Name	Dither conditions		
14. Maiden name 1 Bliz 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations. Date of op.		
16. Informant Address August 1944.	Autopsy results		
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of injury Injured at work? 23. SIGNATURE Pryton Ritchings M. D. (and anti-D) or other		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2/

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ame arendel.	(For newborn infants give residence of mother)
ounty ame armal	son Thankland south H. H. Quety
ity or lown Conavay	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or fown.
ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Runal
SERVICE INSTRUMENT OF STORY METERS WITH THE PROPERTY OF STORY WITH THE PROPERTY	Sfreet Ho.
	(If rural, give LOCATION)
ow long in hospitat or institution?	2.(a) If yeteran, name war
B.(a) FULL NAME	3. (b) Social Security Number
Welliam E.	teake
Sex 5. Color or fice 6.(a) Single, married, widowed, or divorced	MEDICAD CERTIFICATION
Thate White Married	14.00 100
your mount	20. DATE OF DEATH WWX. 1940 at 0 5.
1) Via Park	
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above states to the detections from
	moran organization
	years de de la constant de la consta
Birth date of Quant 3. 1911	add the fest well the sent the united the sent to the
deceased (mo., day, yr.)	Immediate cause of death
AGE: Years Months 0 Days If less than one day	
U) 1 11 1 11	
47 0 1 4 hrs.	
Was Kington W.C.	Colonery oncours sake
Birthplace	Due to
DO C DO OU	2'.
Usual occupation special Q. Q. Co. Police Uff	lon les les les la
	Due to
. Industry or business	
12. Name Samuel Teake	Dither conditions.
12. Ballie	Dines conditions
12. Name Samuel Teake 13. Birthplace Washington, D. C.	
11.000000000000000000000000000000000000	(Include pregnancy within 3 months of death)
14. Maiden name un prouve	Major findings of operations
14. Maiden name. Un known	
15. Birthplace unknown	Date of op.
min () live. Teaks.	Automorphis
i. Informant	Autopsy results
Viva A. A. Co. M.	FRIDICIAM: Treate anderime the cause to which death should be charged statistically.
Address Qual U. Co. 114.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Vemoval, Date thereof 8-8-4	1 1 1/8
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide.
	Where did injury occur? Concovary
Cemetery or crematory	(City or town) (County) (State)
Was Lineting W.C.	Injured at home, farm, Industry public place (where?)
Location	Dead Dead I want do
(1 min Sono	Means of Injury lead Mar Cotides Williams Pathous And L
B. Funeral director	na Company
Address 4 th & Mass. Que, n. & Washinton &	M. In Cont. In Mexico
Address 4 Maco. Owe. 12 - Mayum	23. SIGNATURE SUMMER A NEW PAGININO 9 KENNEW
D	M. D. okaner
s uy, 8 19 70	Amapoles, Ild 8-7-41
(Date rec'd by registrar) Regis	strar Address / Bate signed O

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AUG 10 1948

BUREAU V. S.

FOR BINDING

RESERVED

CERTIFICATE OF DEATH

teg. Diat. NJ 673

1. PLACE OF DEATH:	00	m1	2. USUAL RESIDENCE (HOME) OF DEC	EASED:
County ANNE	AKUNO	22		
City or town (If outside city or town limits, write RURAL and give nearest town)		State County		
(it outside	14r	9 m o	City or town (If outside city or town limits, write	RURAL and give nearest town)
How long in above place of beat Hospilal, institution, or street	address where death of	occurred:	Street No. 4/3 5-2	st WE
DISTRICT	TRAIN	NG SCHOOL	Street No	TION)
How long in hospital or institu	141	qmo	2.(a) It veteran, name war.	
	110n ?			
3. (a) FULL NAME			3.	(b) Social Security Number
AX		PERSON		
4. Sex 5. Co	for or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERT	FICATION
M	0	5	416 21	6 1948, 52
6.(b) Name of husband or wite			21. I CERTIFY that death occurred on the date above state	
Market Committee of the			11-22 19 46	
T. Birth date of		- 1945	and that I last saw h p.mqalive on	19.5
deceased (mo., day, yr.)			Immediate cause of death	DURATION
8. AGE: Years		2 \$ lt less than one dayhrsmin.	CONGENITAL DE	BILTY Life
9. Birthplace	Strict (Town, count	Columbia y, and atate)	Due to Mental Deficient Spartic Dip	scy-Idiot Ideia
1D. Usual occupation	none		Due to	
11. Industry or business		0		
里 12. Name	OWARD	PERSON	Dther conditions	
13. Birthplace	Rocky	MOUNT, N.C.	(Include pregnancy within 3 months	
Z'		VE	(Include pregnancy within 8 months	of death)
王 14. Maiden name			Majur fisdiags of operatious	
15. Birthplace	12/06/	kstone. Va		Date of op
16. Intermant HIST	ory af	DIST. TR. School	Astupsy results	
	LAURE		PHYSICIAN: Please underline the cause tu which de	ath should be charged statistically.
Address		A- 1	22, VIOLENCE: It death was due to external causes, fi	il in the following:
17. Survey	D	ate thereof (pright), (day) (year)	Accident, suicide, or homicide	
	moval Which?)	(Month) (day) (year)		
		ces Cowetery	Whera did Injury occur?(City or town)	(County) (State)
Location 30a	Shington.	, XC	Injured at home, farm, industry, public place (where?)	
	1 11 40		Means of injury	Injured at work?
18. Funeral director	ohie .	Stewart		
Address	#30 4"	St. N. L. 11/2011. 1. P.		Dothert m
B 1/1	110	Vollaria Store To	23, SIGNATURE	M. D. other
19 lug do	19.48	True oxcesses	Laurel med	Date signed 8-26-9
(Date redd by registra	7)	Registrar	Address	Date signed w

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OCT 4 1943

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md • County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) 920 W. University Pkwy. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (g) FULL NAME	3. (b) Social Security Number

B. (a) FULL NAM	lE	THOMAS	WINTER PUMPHREY
, Ser	5. Color or race	6.(a)Single	, married, widowed, or divorced
male	white		Married
.(ò) Name of husband	200		ll Pumphrey
. Birth date of deceased (mo., day,	Ja	ne 26,	1884
B. AGE: Year	rs Mooths	Days	If less than one day
64	2	5	
BirthplaceA	/women's	county, and s	
8. Usual occupation.	Real Es	tate 0	perator
6. Usual occupation. 1. Industry or busine 1 12. Name	Real Es Thomas V A. A	V. Pump	perator hrey
8. Birthplace	Real Es Thomas V A. A	V. Pump	perator

Balto., Md.

Balto., Md.

WM. J. TICKNER & SONS

JR.	
MEDICAL CE	RTIFICATION
20. DATE OF DEATH Aug. 31,	19 48 2:15
21. I CERTIFY that death occurred on the date above	8 to Chag 30 194
and that I tel any brighting on Bell	CP 20 / 194
Immediate cause of death All J	3 Sudden
Due to	
<u> </u>	
Due to	
Other conditions	
(Include pregnancy within 3 me	
Major findings of operations	
***************************************	Date of op
Antopsy results	ch death should be charged statistically.
22. VIOLENCE: If death was due to external caus	
Accident, suicide, or homicide	Date of
Where did injury occur?	(County) (State)

Injured at work?

M. D. or other

injured at home, farm, industry, public place (where?)

Means of Injury

23. SIGNATURE.

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

Cemetery or crematory

by registrar)

18. Funeral director

Address

age

UNFADING INK. Supply every item of information carefully. The ecant, Physicians: please write the causes of death clearly and legibly.

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FILM No.							
1. PLACE O							

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

CERTIFICATE OF DEATH 1948

Reg. Diat. No....

08050

1. PLACE OF DEATH: del Crusta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County land aunder of any	State Tuengland county assure County
City or iown (if outside city or town limits, write RURAL and give nearest town)	City or town Adjunction maybeard.
How long in above place of death?	(If ownide city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Clime annual Count
	(If rural, give LOCATION)
How long in Mospital or Vistitution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Godny Fray Olichardson.	
4. Sex Male 5. Colyf or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male. White Signated	20. DATE OF DEATH // Crus 9, 19 4 8 30
2 Guildry & Reclandon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11 aug, 19 48 10 11 aug, 1948
7. Birth date of	and that I last saw h JM alive on 11 aug. 1248
deceased (mo., day, yr.) ale 9. 12, 19	Immediate cause of death American DURATION
8. AGE: Years Months Days If less than one day	== 0 12 to
47 11 29hrsmin.	
a sichalase parlington, el C.	Que io Cesarhose of lune 8mos
9. Birthplace	
10. Usual occupation the second	Due to
11. Industry or business Hustrauan .	
12. Name Francis 18. Victorias	Other conditions
13. Birthplace otus	(Include pregnancy within 3 months of death)
14. Maiden name Thelen E. Theeling	(Include pregnancy within 3 months of death)
E P . D.	Major findings of operations
7/1 2-0/	Date of op.
16. Informant Selin Millin	Autopsy results
Address 1111, 13th. St. N. W. When.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Menurel Date thereof any 126 1948	Accident, suicide, or homicide
(Buyld, cremation, or removal, Which?) (moyth) (day) (year)	
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)
Location Washing Log D. C.	injured at home, tarm, industry, public ptace (where?)
Hysonlas Famuel Home	Means of injury Injured at work?
13. Funeral director of the State of the Control of	Al of the toler
Address 1300 [1]. U. W. W. Washington	23. SIGNATURE Mrs. M. LAURENCE M. L. or other
10 August 12, 1948 /1 - 1 oruch	Fathering had M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

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AUG 17 1948
BUREAU V. S.

BINDING

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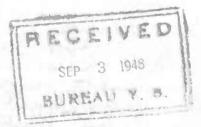
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08051

Reg. Dist. No. 21

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County armale	Manual Anna (huali)
City or fown	State County County
How long in above place of death?	(If outside city of town limits, weite REAL and give nearest town)
Hospital Assitution, or street address where leath occurred	Street No. Defense Highway
Kural - Referse Aghury Mr. Unugortis	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
2 (a) FULL NAME	3. (b) Social Security Number
Mathias Kosena	wer .
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Aug. 3/ 19 48 21 9 A M
margaret Pasemaues	21. I CERTIFY that death occurred on the date about stated; that Lattended decreed from
6,(b) Name of husband or wife	Por Enosteu & rumer
7. Birth date of P.	and that I below to all water Aug. 31.19.48.
deceased (mo., day, yr.) Openil 8, 1880	Immediata cause of death
8. AGE: Years Months Days If less than one day	A Comment Cause of death
67 4 23min.	Heure Caralar facture Anther
Our tria - Idemadial	
9. Birihplace (Town, county, and state)	Due to He are O Heart
10. Usual occupation Farmer	Hipporture de la companya della comp
Trhese Grande	Disease water
11. Industry or business	
12. Hame	Other conditions
2 13. Birthplace autria - Sungary	(Include pregnancy within 3 months of death)
14. Maiden name) felin) lunt	N 31 1 1 7 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0 + 2/	Major findings of operations
\$ 15. Birthplace Charles - August -	Bate of op.
16. Informant Ass. Magazit Characters	Autopsy results
Address R 7 D Anisardio - Deknoe Halway	
B. 0 0 0 01+ 24/949	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoral, Which?) Date thereof. (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of marsys	Where did injury occur?
Daniel Soll	Injured at home, fagma industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	Let My // 11 M Haping
Address (Consepholis Ind.	XI hu VII X-COSS, III) medical
C 14 112 money	23. SIGNATURE
19. Deft 19. 48 — onuch	Address U AMARONIS PLAN Bate signed 8-31-49
(Date rec'd by registrar) Registrar	Address



2411 N. Charles St., Baltimore

08052

CERTIFICA	ATE OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn Infants give residence of mother) State
3.(a) FULL NAME Willie May	Sappington 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divisced Themsele White Pharried 6.(b) Name of husband or wife A. Lappington	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 23 19.48 at 1.35 21. I CERTIFY that death occurre on the date above stated: that I attended deceased from 19.48 to 20.49 19.49
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one dayhrs	and that I last sawn an alive on Guig 20 18. Immediate cause of death Duranti
B. Birthplace	Due to. Bland)
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
16. Informant Address / 1/5 Court Dr. Eastport: Md.	Autopsy results
17. (Burial, cremation, or removal, photo) Cemetery or crematory. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Sterwood, Bd.	Injured at home, farm, "Industry, pub ¹¹ c place (where?)
Address Amagolis, Both	23. SIGNATURE M. D. acother

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AUG 26 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimora

CEDTI	FICA	TE OF	DEATI

se correct age

WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and

PLEASE

A15

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1	CERTIFICATE OF DEATH	Reg. Diat. No. 21
County. City or town. Mean Aumop of City or town limits. The City or fown limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits. The City of town limits are city of town limits are city of the city of town limits. The City of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limits are city of town limits are city of town limits. The city of town limits are city of town limit	and give nearest town) City or town.	E (HOME) OF DECEASED: In give residence of mother) Coffeig
How long in hospital or institution?	ekvark Seaborn	(If rural, give LOCATION) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. mar negro 1.		MEDICAL CERTIFICATION 1306.
5.(b) Name of husband or wife	live, give ageyears	MANUAL EXPLORATION OF THE STREET OF THE STRE
0. AGE:	t less than one day hrs. min. Oue to.	rowning ouration
10. Usual occupation	lee	edeutal
12. Name Source	DALIM	regnancy within 3 months of death)
16. Informant Armel By	Autopsy results	Date of op
Address 17. Bullie Date thereot	month) (day) (year) 22. VIOLENCE: tf death was accident, suicide, or homicid where did injury occur?	accident 8-29-16
Location	injured at home, farm, Indus	ptry, public place (where?) Sparenon Boards units Injured at work? Reputs
19. Queg. 29 18 48 The Control of the rec'd by registrar	Registral Address Atth	Apolia Md Date signed 8-29-4

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BUREAU V. 8.

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RTIFICATE	OF	DEATH		Reg. Diat. No.	

OZICI II IOII	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn Infants rive residence of mother) State
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Rachael ann Sim	'3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or disorded Hamile	MEDICAL CERTIFICATION 20. DATE OF DEATH WILL 25 25 19 4 5 11
6.(b) Name of husband or wife. Selection A. Summer S. Birth date of	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7.3 Months Days If less than one day 7.3 Months Days If less than one day 7.3 Months Days If less than one day	Immediate same of death Duration DURATION -
9. Birthplace Shady Seelle G. Q. Md (Town, shunty, and state) 10. Usual occupation.	Due to. Calling ?
11. Industry or business 12. Name	Dither conditions
14. Maiden name Humis suffy 15. Birthplace Sugary, Myd	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
18. Informant. Charles The Sunyers	Actors resolts
17 Date thereof	22. VIOLENCE: If death was due to external causee, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
18. Funeral director	22 SIGNATURE A PEN PLAN PICTO
19. aug 23-19.48 J. B. Dent (Date fe'd by registrar) Registrar	16 an enion 3/16 M. D. or other

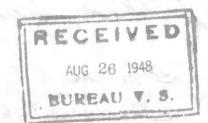
PLAINLY, WITH CNFADING INK. Supply every item of information carefully. Ine is especially important. Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED

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PLEASE-WR

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	PLAINLY, WITH UNF is especially important.
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9-45-15M	WRITE
2	PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93

	Diat.		1	0
Reg.	Dist.	No.	-	0

08055

CERTIFICATE OF DEATH

Anne amindel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)			
County	Cnowneri	110	***************************************	Manufand			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 2 Yrs. 21 days			days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Crow	sville St	ate Hos	pital	Street No. 448 E. Federal St.	******		
How long in hospital or institution? 2 yrs. 21 days				(If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAM	IE .	LUCY S	MITH	3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	negro	wid	lowed	20. DATE OF DEATH August 9 19. 48	,at 2 p. M		
6.(b) Name of husband	d or wife		(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that i altended dec July 19 19 46 to August. and that I last saw h	919.48		
deceased (mo., day,	yr.) unkno	wn		Immediate cause of death Chronic Myocarditis			
8. AGE: Year 72?	Months .	Days	If less than one day	known to us since			
Birthplace	Domest:	ic	ntnte)	Due to			
至 12. Name	Major C	laiborr	e	Diher conditions Senile Psychosis	** *******		
13. Birthplace	Ma	ryland		Paranoid Condition known to us s	nce 7/19/1.		
当 14. Malden name	Lill	ian Sam	nson	(Include pregnancy within 3 months of death)	17. 27/14		
		rginia		Major findings of operations			
15. Birthplace	Hospital	Record	***************************************	Autopsy results PHYSICIAN: Plesse underline the cause to which death should be charged	*** * * ****** *******		
Address	Crownsvi	lle, Mo		22. VIOLENCE: tf death was due to external causes, fill in the following;			
17. Buried Date thereof 8/19/48 (Burial, eremation, or removal, Which?) (month) (day) (year)			Accident, suicide, or homicide	•			
Crownsville State Hospital Crownsville, Md.				Where did injury occur?	(State)		
Location Jacob Morgenstern, M. D.				Means of injury Injured at work?	Ju M		
Address		sville,	Md. Louis	23. SIGNATURE COST Worgewiten	NN V		
19. 8/19.	V8 19	2	Floye Court	Crownsville, Md. Date street	8/9/48		



CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or toyn limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or system address where death occurred: How long in hospital or institution? A County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (Rop newborn infants give revidence of mother) State County County City or town (If outside city or town limits, write JURAL and give nearest town) Street No. (If rural, giv LOCATION) 2.(a) It veleran, name war.
3. (a) FULL NAME Equivel William Brewer	Smith 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. DATE OF DEATH 29. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife Katherine M. Smith 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Qee. 20, 1904	21. I CERTIFY that death occurred so the date above stated: that I attended deceased from Ordered to the state of the sta
8. AGE: Years Months Days If less than one day 43 7 21 hrs. min. 9. Birthplace Nest Aunabolist A. A. County Months 10. Usual occupation. Maste Aunabolist Auna 11. Usual occupation. Maste Aunabolist Aunabol	Tracture of bealter There of bealter There of bealter There of bealter
11. Industry or business M. S. Pavel Cleakerry 12. Name Dannel N. Smith 13. Birthplace Daltmore. M.	Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name Frances Estelle Drewer 15. Birthplace Amapolis Md 16 Interment Frederick Norman Smith	Major findings of operations. Date of op.
Address New Quinapals . Man Cand 17. Burial . Date thereof. 8 - 13 - 28 (Burial, cremation, or removal, Which?) Cemetery or crematory. St. Mary's Cemetery	Autopay results. PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Spote) 4.8
Location Annapolis, Maryland 18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury Auto - Collision Injured at work? No Injured at work?

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

AUG 12 1948

BUREAU V. S.

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· / CERTIFICAT	E OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For invelopm infants rive residence of mother) State County County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. Junper Hole Road (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
	212-18-3966
4. Sax wale 5. Color or race , 6.(a) Sinfle, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1948
8.(b) Name of husband or wife Ida F. Smoot Nee Friese 6.(c) It alive, give age 44 years 7. Birth date of deceased (mo., day, yr.) November 6, 1905 8. A.G.F. Years Months Days It less than one day	21. I CERTIFY that death occurred on the larte above states that sates accessed from the last sates at
42 9 22hrsmin.	aute Cardiae failure
9. Birthplace Near Galestown, Dorchester Co., (Town, county, and atate) 1D. Usual occupation	Due to
12 Name Homer Smoot	Dither conditions.
13. Birthplace Dorchester Co., Md. HE 14. Malden name Geneva Gordy 15. Birthplace Dorchester Co., Md.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Intermant Mrs. Geneva Smoot	Actorsy results.
Address 2204 Penn Ave. West Lawn, Pa. Rurial (Burial, cremation, or removal, Which?) Cemetery or crematory Glen Haven	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Glen Burnie, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Thomas W. Singleton	Means of Injury A months of Mark? Defauty
Address Glen Burnie, Md.	Mull the Mh medical
19. 8/30 1948 ZJO-Ollon (Lighte rec'd by registrar) Registrar	23. SIGNATURE Aunapolis Ma Date signed 5-28-48

BINDING MARGIN RESERVED FOR

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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AUG 31 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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DURATION

CEDTIFICATE OF DEATH

	CERTIFICATE O	r DEATH	Reg. Dist. No	21
1. PLACE OF DEATH: County	give nearest town) Cliy or Street P	town. (11 octside city or toyn lips	mother County Co	Case . Correct town)
3. (a) FULL NAME albertu	s Star	r	3. (b) Social Security I	Number
Mule White White Wille		MEDICAL C	ERTIFICATION 19	.83
6.(b) Name of husband or wife	live age	let IFY that death occurred on the date a ship of the last saw h. I.M. alive on	1/26/1948 irombais clervis	2
11. Industry or business ### 12. Name	Dither co	(Include programmy within S	S months of death)	ye
Address Oylet One Europe	Antopop PHYSIC 22. VIC Accident Where to Injured	r results	which death should be charged sauses, fill in the following: Date of	(State)
Address 19. Quag 28 19 4/8 2 . Q (Date rec'd by registrar)	Blain 23. SIG	tod	heudelis talon Date signes	m other 3/26/

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 38

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crown sville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death? 3 mos. Hospital, institution, or street address where death occurred: Crownsville State Hospital	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1630 Division Street (If rural, give LOCATION)
How long In hospital or Institution? 3 MOS.	2.(a) If veteran, name war.
3. (a) FULL NAME IRA STEPTOE	3. (b) Social Security Number
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Married	20. DATE DF DEATH August 20 1948 , 7:30 a
6.(b) Name of husband or wife Search Beau	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from May 17 1948 10 August 20 1948
7. Birth date of 7 000 P A C A C	and that I last saw h im alive on August 20 19.48
deceased (mo., day, yr.) 1902 - Unit of the standard of the st	Immediate cause of death General Paresis OURATION
8. AGE: Years Months Days If less than one day 46 hrs. min. 9. Birthplace Authorithm CS VE	known to us since 5/17/48 Due to
1D. Usual occupation.	Due to.
11. Industry or businessy 12. Name It is a straight of the straight of th	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Lyden Lows 15. Birthplace Heather Card Ca. V	Major findings of operations
16. Informant Hospital Records Address Crownsville, Maryland	Autopsy results
Burial Burial Date thereof Church 24, 194 (Burial, cremation or removal, Which?) Complete or cremation allama Burtist Church C	Accident, suicide, or homicide
1/0	(City or town) (County) (State)
Location avalon, =	tnjured at home, farm, Industry, public place (where?)
18 Funeral director Mrs. George H. Holland	Means of injury injured at work?
Address 1631 Druid Hill Ave., Balto.	23. SIGNATURE Cacob Margarete h.
19. (Date rec'dloy registrar) 1948 Aw Hedorick Registrar	Crownsville, Maryland Date signed 8/20/48

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CERTIFICATE OF DEATH

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Rog.	Diat.	No.	10.	

		CERTIFICAT	E OF DEATH	Rog. Diat. No.	
1. PLACE OF I	DEATH: Arundel		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of		
County. Anne Arundel City or town. (1r outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 44 yrs Hospitat, inslitution, or street address where death occurred; Davidsonville, Md.			Street No		
			2.(a) If veteran, name war		
3. (a) FULL NA	AME	JAMES VERNON STO	OCKETT	3. (b) Social Security No. 218-12-9151	umber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		CERTIFICATION	15
Male	White	Married	20, DATE OF DEATH.	19. 30 1.48.	10 P
6.(b) Name of husb 7. Birth date of deceased (mo., d		a Helen 6.(c) If alive, give age 38 years 1y 14, 1903	21. I CERTIFY that death occurred on the date of the state of the stat	Aug 75	ed from 28, 19, 48, 19, 48,
	fears Months	Days If less than one day	Immediate cause of death	7 and	DUNATION
	45. 1	16min.	Ullricullar 7-	unlation	14 mon
	lon. Farm	lle, Maryland eounty, and state) er ing	Due to		
当 12. Hame	James B. St	ockett	Other conditions		
13. Birtholace	Davidsonv	ille, Maryland Meade o, , Maryland elen Stockett	(Include pregnancy within a		
	Mrs. Anna H		Autopsy results	which death should be charged st	atistically.
17Bur	ial	0ale thereot	22. VIOLENCE: If death was due to external c	Date of	
Cemetery or cre	Davidsonv	llows Cemetery ille, ^M aryland	Where did injury occur? (City or town Injured at home. Jarm) industry, public place it	(County)	(State)
	or Ben L. H	opping and Son	Means of lejury	Injured at work?	thinks
Address	1/0-1/5 Mest	St. Annapolis, Maryland	23. SIGNATURE / MA // /	LIFE 17.N. EX	aumor

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RGIN RESERVED FOR WRITE FL. PLEASE

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_		7.	Accepti	icate	must h

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STREETH

200 Reg. Dist. No. 24

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County armale		State Mary land
	City or town Compose		County Q/Q.
	(If outside city or town limits, write RURAL and give nearest town)		City or town amapales and.
	Street address, hospital, or institution:	k	(If outside city or town limits write RURAL and give nearest town)
	Emergency Hospital		5 15 15 AD m/e-T
10-	Length of mother's stay in Sunty		Street No. 1502 New (If RURAL give LOCATION)
3.	Name of child Baby Girl Stokes	4.	Date of birth aug 4 19 48 Hour. M.
5.	Sex 6. Twin or triplet	7.	No. of weeks pressancy 32
	EATHER OF CHILD	1	MOTHER OF CHILD
8.	Full name, Samuel S. Stokes	12.	Full maiden name Sarah Bushnell
9.	Color 20. 10. Age at time of this birth 36 yrs.	13.	Color 14. Age at time of this birth 31 yrs.
11.	Usual occupation Clerk Grocery Street		Usual occupation House wye
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
			(c) How many other children were born dead?
17	Did child die before labor? During labor?		Cause of stillbirth. Please be specific. For terms like
	Pregnancy, complications of		prematurity, asphyxia, etc., try to add cause thereof.
	7,		(a) Fetal causes
19.	Labor: (a) Complications of		(b) Maternal causes
	(b) Induced?		
20.	(a) Was there an operation for delivery?(Yes or No)	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any(Yes or No)	-	on the date and hour above stated.
		1	Signature S. Comuch W.P
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address Cemapolis md.
23.	(a) Bureal (b) Date thereof lang sell yp	25.	(a) Queq: 5, 1948 (b) 7000
	(Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory (leday)		(Date rec'd by registrar) (Registrar)
24	(a) Funeral director of the M Sally Con	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
41.	(h) Address		and above contineate has been examined by me.

7. S. A1(

* See Instruction C on stub.

AUG 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1612

			A 1
Res	Dist	No	21

1. PLACE OF	DEAT	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother)		
County	uniy Anne Arundel yortowa Annapolis						
11	(If ontside city or town limits, write RUKAL and give nearest town)			RURAL and give nearest town)	State Waryland countyAnne Arundel City or town Anna polis		
How long in above	e placo of	Jeath? 20	Hrs.		(If outside city or town limits, write RURAL and give nearest town)		
Hospitsi, instituti	ion, or str	eet addresa whero	death occurred	d:	Street No. 199 Clay St.		
				y Hosp.	(If rural, give LOCATION)		
How long in hosp	ital or ina	titulion?	Frs.		. 2.(σ) If veteran, namo war		
3. (a) FULL !	NAME				3. (b) Social Security Number		
Baby	Tho	moson		EGORY MAUR	ICE		
4. Sex	5.	Color or raco	6.(a) Singi	o, married, widowod, or divorced	MEDICAL CERTIFICATION		
Male		Negro		E COMPANIE DE L'ANDRE	August 9 48 2.30P		
		2.0020			20. DATE OF DEATH August 9, 18 48, at 2:30P.		
6.(6) Namo of hu	shand or 1	vife			21. I CERTIFY that death occurred on the data above stated; that I attanded daceased from		
7. Birth dato of			6.(e) If alivo, givo agoyear	August 8m 1948, 10 August 9, 1948		
deceased (mo.,	day, yr.)				and that I leat saw him alive on August 9,1048 18		
8. AGE:	Years	Months	Days	tfless than one day	Immediate cause of death Atolectosis DURATION		
			4 4 7	20 hrs. min.			
The Tables	An	nanoli	575	Dr. AN			
9. Birthplace	4 2 4 4	napolis (Town,	county, and	state)	Duo 10		
10. Usual occupa	tion			######################################			
11. Industry or bi	uelneea				Due to		
		glass]	homps	on	-		
12. Name	£.	nnapol	s. Md.	***************************************	Other conditions		
S 13. Birthpiac	38				(Include pregnancy within 3 months of death)		
岩 14. Malden	name	Marjor	ie Bro) win	Major findings of operations.		
2 15. Birthplac	:0	Parole	, Md.		Date of op.		
14. Maiden 15. Birthplac	Mar	jorie :	Browm		Autopsy results.		
1) .		Clay S		•	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
				. 8 11 48	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, crem	ation, or	removal. Which?	Dato there	eof 8 11 48 (month) (day) (year)	Accident, suicide, or homicide		
				11	Where did injury occur?		
				lis, Md.			
Location	••••••	W-175		200 77	Injured at homo, farm, Industry, public place (whers?) Means of injury iojured at work?		
				ese,ll	Meana of injury		
Addrosa 1	W 80	lashing	ton S	t	Theday I of my		
				my parent	23. SIGNATURE. M. D. or other		
19. (Date rec'd	by regists	I 19 48		Registrar	Address Parkwest Steel M. D. or other,		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HEALTH H

08064

CERTIFICATE OF DEATH

Reg. Dist. No. 21

City or town	el vern timits, write RURAL and give nearest town) 2 Mo re death occurred: d ALMA TILLBERG	Stale County Burgan City or town Hasbrouck Heights (If outside city or town limits, write RURAL and give nearest town) Street No. 319 Hamilton Ave. (If rural, give LOCATION)
4. Sex 5. Color or race White	6.(a)Single, married, widowed, or divorced Widwood	MEDICAL CERTIFICATION Aug. 75 19.48 19.48 19.48
7 Birth data of		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Suly 4 19.48 to Musy 15 19.48
deceased (mo., day, yr.) 8. AGE: Years Months 68	Days It less than one day 2 hrs.	Immediate cause of death DURATION min. Caromona of Stomach
16. Usual occupation	on, county, and state)	Due to ush metastasis to live
14. Malden name Unknos	m unknown	(Include pregnancy within 3 months of death) Major findings ol operations
16. Informant Mrs Harry Address North Sever	A	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Location Hasbrouch	Heights , N.J.	Where did Injury occur?

AUG 28 1948

BUREAU V. S.

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ADING INK. Supply every item of information caref Physicians: please write the causes of death clearly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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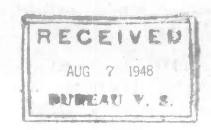
2 HISHAL RESIDENCE (HOME) OF DECEASED.

08065

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DE		Cob		(For newhorn infants give residence of mother)		
				Morrar Lond		
or town(if o	outside city or town lim	its, write	RURAL and give nearest town)	" D		
How long in above place	of death?			(If outside city or town limits, write RURAL and give ne		
Hospital, Institution, or	street address where de	ath occurre	d:	Street No. Edgewarter Post Office		
			1	(If rural, give LOCATION)		
How long In hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAMI	E	RESCO	DE BRUCE VESTAL	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	20. DATE OF DEATH august 5 18 48	123010	
R (A) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I aftended dec	eased from	
			(c) If alive, give ageyears	ang 5 1948 10 ang		
7. Birth date of	Assessed			and that I last saw h fine alive on	18. 4. F	
deceased (mo., day,)		Days	If less than one day	Immediaic cause of death	. DURATION	
8. AGE: Years	munus	ua,.		Primaring		
	A.m 7.5 -	М	and Ana Art	Oue to	***************************************	
9. Birthplace	(Town, ed	ounty, and	vland ow SV	Premotive segmentin		
10 Usuat occupation	· · · · · · · · · · · · · · · · · · ·			m 1	July 24	
				Que to plater	··· /	
11. Industry or Busines	Alton Leo	Vesta	1		***	
12. Name	Manha and a			Other conditions	** ,	
				(Include pregnancy within 8 months of death)		
14. Malden name.	Narma D	. Fal	lon	Major findings of operations.		
14. Malden name,	Iowa			Date of op.		
	Mr. A.T. Ve	stal	Father	Autopsy results.		
				PHYSICIAN: Please underline the cause to which death should be charged	atatistically,	
13			Office, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	urial	Date the	ereof August 6,48 (month) (day) (year)	Accident, suicide, or homicide		
	Lieda		off Cemetery	Where did injury occur?		
Cemetery or cremate	U[y		>			
LocationAn	napolis, ^M a	rylar	<u>id</u>	injured at home. farm, Industry, public place (where?)	******************************	
1			ngandSon			
Address 17	0-172 West	St. A	Inna lis Maryland) /	
0	Ь , 48	-	mos one	M. D	or other	
19. (i)ate rec'd by re	egistrar)		Registrar	Address home Mo Date signed	116148	



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINL

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I	DEATH: Anne	rundel		2. USUAI. RESIDENCE (HOME) (OF DECEASED:	- 201	
County			.*				
City or town	Crowns	sville	URAL and give nearest town)	State Maryland County			
(1	If outside city or town l	imits, write R	URAL and give nearest town)	City or town Baltimore Ci	ity		
How long in above pla	ace of death?	Months	***************************************		ts, write RURAL and give n	eorest town)	
Hospital, Institution,	or street address where	geain occurred	i e e e e e e e e e e e e e e e e e e e	Street No. 660 W. Mulbern	ry Street		
	Crownsville				e LOCATION)		
How long in hospital	or Institution?	ll Mon	ths	2.(a) If veteran, name war			
3. (a) FULL NA					3. (b) Social Security	y Number	
	WATSON	- LOUI	S				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	Negro		Widowed	20. DATE OF DEATH August 7,	1948	,at 5:15A	
6 (b) Name of husba	nd or wite	Jnknown		21. I CERTIFY that d ath occurred on the date at			
				October 6,	47 loAugust /	1948	
7. Birth date of			r) If alive, give ageyears	and that I last saw h im alive on Aug	gust 7.	1948	
deceased (mo., da	w. vr.) May	4, 191	4			DURATION	
	ars Months	Days	It less than one day	Immediate cause of death		BUNATIUM	
34		-		,	*******************************	***************************************	
24					***************************************		
9. Birthplace	North Care	olina		Due to General Paresis			
9. Birthplace	, (Town,	eounty, end	state)	known to us sine		10/6/47	
10. Usual occupatio	Lanorei	r					
,	a la			Due to	***************************************	****	
11. Industry or busin	Thomas Wat		•				
里 12. Name				Dther conditions			
12. Name	North Car	olina					
	ne Indie	Hooper		(Include pregnoncy within 3			
E 14. Maiden nar				Major fiedings of operations	****		
₹ 15 Birthplace	North	Caroli	na	-			
	Hoenit a	1 Pagon	ds	Aotopsy results			
16. Intermant				PHYSICIAN: Please noderline the cause to	which death should be charge	d statistically.	
Address	Crownsv	ille. M	arvland				
13.	mail		8/16-48	22. VIOLENCE: It death was due to external ca			
	ion, or removal, Which?	Date ther	eol. 9/6 - 48 (month) (day) (year)	Accident, suicide, or homicide	Date of		
	11	pilal		Where did Injury occur?(City or town)			
Cemelery or crem	latery / /	- 0	70	(City or town)	(County)	(State)	
Location	rawus,	ille?	ne	Injured at home, farm, Industry, public place (where?)		
	3. 11 A	4	al	Masns of Injury	Injured at work?	7 0	
18 Funeral director	11			C 5/1	_A_	- M W	
Address	rownsorl	er y	na	La sub H	das marilas	14.	
N.	1.0	d	9 ()	23. SIGNATURE	or the contract	or other	
19 8/6	188	6:	T. XOULL DOCAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	m. D	8/19/10	
(Date rec'd by	registror)	*****	Registrar	Address Crownsville, Mar	vland Date signer	d. R//.48	

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BUREAU V. SS

MARGIN RESERVED FOR BINDING

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	E DEPARTMENT OF HEALTH Charles St., Baltimore 183
CERTIFIC	CATE OF DEATH Reg. Diet. No.
1. PLACE OF FINE ATTINGUED AND PASSAGEN A PORTY S	2. USUAL RESIDENCE (HOME) OF DECEASED: (By Superinface give regidence of mother) (By State Wayland County Dalfinson
(If outside city or town limits, write RURAL/INd give nearest town) How long in above place of death?	City or town (Co) faide city or town traits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution? 3. (a) FULL NAME A A A A A A A A A A A A A	2.(a) If veleran, name war
Mennay otuson	- O. (O) Docini Decarty Mandel
4. Sex S. Color opace S. (a) Single, married, widowed, or divorced Mule Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. MEDICAL CERTIFICATION 30 10 46 10 10 10 10 10 10 10 10 10 1
6.(b) Name of husband or wife	years 21.1 CERTIFY that death occurred on the dale store stated; that attended to the state of t
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 27 7 7 7 7 7 7 7 7 7 7 7 7	Immediate cause of death
9. Birthplace Pontain Misselyan Former	Duo 10 OS 20 commes
10. Usuat occupation	Due to
3. Birthplace Cliston md.	(Include pregnancy within 3 months of death)
14. Malden name Maria Elyabeth Davidson 15. Birthplace Sumstan Md.	Major findings of operations. Date of op.
18. Informant. Rushistown Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was die forgetenal causes, IN in the following:
17. (Burial, cremation, or removal. Which?) Cemeiery or crematory. All Saints Date thereof. Oreg. 3'-48 (Whith) (day) (year)	Weg 1841 X - 28 - 48
Location Balto Co.	Injured at home. farm, industry, public place (whore?) Mag of they kinds Means of Injury During thjured at work?
Address Ruslinstown Mrs.	23. SIGN San Milaffy AT.D Solaren
19. (Data-ec'd by resistrar) Regis	otrar Addros Annapolis, My Bato signed 8 - 29.41

